

STATE OF MINNESOTA

Journal of the Senate

NINETY-SECOND LEGISLATURE

FORTY-NINTH DAY

St. Paul, Minnesota, Thursday, April 29, 2021

The Senate met at 10:30 a.m. and was called to order by the President.

The members of the Senate paused for a moment of silent prayer and reflection.

The members of the Senate gave the pledge of allegiance to the flag of the United States of America.

The roll was called, and the following Senators were present:

Abeler	Draheim	Howe	Marty	Rest
Anderson	Duckworth	Ingebrigtsen	Mathews	Rosen
Bakk	Dziedzic	Isaacson	McEwen	Ruud
Benson	Eaton	Jasinski	Miller	Senjem
Bigham	Eichorn	Johnson	Murphy	Tomassoni
Carlson	Eken	Johnson Stewart	Nelson	Torres Ray
Chamberlain	Fateh	Kent	Newman	Utke
Champion	Franzen	Kiffmeyer	Newton	Weber
Clausen	Frentz	Klein	Osmek	Westrom
Coleman	Gazelka	Koran	Pappas	Wiger
Cwodzinski	Goggin	Kunesh	Port	Wiklund
Dahms	Hawj	Lang	Pratt	
Dibble	Hoffman	Latz	Putnam	
Dornink	Housley	Limmer	Rarick	

Pursuant to Rule 14.1, the President announced the following members intend to vote under Rule 40.7: Carlson, Champion, Clausen, Coleman, Duckworth, Eaton, Eken, Fateh, Goggin, Hawj, Ingebrigtsen, Isaacson, Latz, Limmer, Mathews, McEwen, Newman, Newton, Osmek, Putnam, Rarick, Rest, Senjem, and Torres Ray.

The President declared a quorum present.

The reading of the Journal was dispensed with and the Journal, as printed and corrected, was approved.

CONFERENCE COMMITTEE EXCUSED

Pursuant to Rule 12.5, Senator Pratt moved that the following members be excused for a Conference Committee on S.F. No. 1098 from 10:30 to 11:45 a.m.:

Senators Pratt, Rarick, Housley, Draheim, and Eken. The motion prevailed.

INTRODUCTION AND FIRST READING OF SENATE BILLS

The following bills were read the first time.

Senator Dahms introduced--

S.F. No. 2480: A bill for an act relating to capital investment; appropriating money for demolition of the Morton school building; authorizing the sale and issuance of state bonds.

Referred to the Committee on Capital Investment.

Senator Koran introduced--

S.F. No. 2481: A bill for an act relating to health occupations; modifying licensure requirements for physical therapists and physical therapist assistants; providing criminal penalties; providing civil penalties; amending Minnesota Statutes 2020, sections 148.65, subdivisions 1, 6; 148.706; 148.75; 148.76, subdivisions 1, 2, by adding a subdivision; repealing Minnesota Statutes 2020, sections 148.65, subdivision 9; 148.77.

Referred to the Committee on Health and Human Services Finance and Policy.

Senator Pratt introduced--

S.F. No. 2482: A bill for an act relating to public safety; establishing the crime of residential protesting; proposing coding for new law in Minnesota Statutes, chapter 609.

Referred to the Committee on Judiciary and Public Safety Finance and Policy.

MOTIONS AND RESOLUTIONS

Senator Koran moved that the name of Senator Draheim be added as a co-author to S.F. No. 2356. The motion prevailed.

Senator Kiffmeyer moved that the name of Senator Anderson be added as a co-author to S.F. No. 2475. The motion prevailed.

Senator Gazelka, for Senator Johnson, moved that S.F. No. 2409 be withdrawn from the Committee on Redistricting and re-referred to the Committee on State Government Finance and Policy and Elections. The motion prevailed.

SPECIAL ORDERS

Pursuant to Rule 26, Senator Gazelka, Chair of the Committee on Rules and Administration, designated the following bills a Special Orders Calendar to be heard immediately:

S.F. No. 383 and H.F. No. 2128.

SPECIAL ORDER

S.F. No. 383: A bill for an act relating to state government; modifying provisions governing children and family services, child protection, adoption, child support, behavioral health services, disability services, continuing care for older adults, community supports, health care, human services licensing, and background studies; prohibiting recovery of child care assistance overpayments due to department error; authorizing Tribal government access to food shelf programs; eliminating TEFRA fees; establishing grants to expand child care access for children with disabilities; implementing family first program requirements; authorizing court-appointed counsel in child protection proceedings; establishing children's mood disorder and emerging mood disorder grant program; establishing alternate licensing inspections for accredited substance use disorder providers; establishing the substance use disorder treatment pathfinder companion pilot project; establishing a moratorium on development of certain customized living settings; establishing the Minnesota inclusion initiative grant program; establishing a customized living rate floor for certain assisted living facilities; establishing a parent-to-parent peer support program for families of children with special needs; establishing the supportive parenting pilot program; establishing temporary retainer payments for certain providers of home and community-based service providers; modernizing public guardianship statutes; establishing the office of ombudsperson for child care providers; establishing nonresidential family child care licensing requirements; establishing family child care training advisory committee; establishing child care and early education quality and affordability working group; implementing mental health uniform services standards; establishing child care workforce development grants; establishing COVID-19 public health support funds for child care programs; establishing child care facility revitalization grant program; establishing the Jerry Relph family supports and improvement plan; establishing legislative task force on human services background studies disqualifications; making appointment; requiring reports; making technical and conforming changes; making forecast adjustments; transferring money; allocating federal block grant funds; appropriating money; amending Minnesota Statutes 2020, sections 62A.152, subdivision 3; 62A.3094, subdivision 1; 62Q.096; 62V.05, by adding a subdivision; 119B.09, subdivision 4; 119B.11, subdivision 2a; 119B.13, subdivisions 1, 6; 122A.18, subdivision 8; 144.0724, subdivision 4; 144.651, subdivision 2; 144A.073, subdivision 2, by adding a subdivision; 144D.01, subdivision 4; 144G.08, subdivision 7, as amended; 148B.5301, subdivision 2; 148E.120, subdivision 2; 148F.11, subdivision 1; 245.462, subdivisions 1, 6, 8, 9, 14, 16, 17, 18, 21, 23, by adding a subdivision; 245.4661, subdivision 5; 245.4662, subdivision 1; 245.467, subdivisions 2, 3; 245.469, subdivisions 1, 2; 245.470, subdivision 1; 245.4712, subdivision 2; 245.472, subdivision 2; 245.4863; 245.4871, subdivisions 9a, 10, 11a, 17, 21, 26, 27, 29, 31, 32, 34, by adding a subdivision; 245.4874, subdivision 1; 245.4876, subdivisions 2, 3; 245.4879, subdivision 1; 245.488, subdivision 1; 245.4882, subdivision 1; 245.4885, subdivision 1; 245.4889, subdivision 1; 245.4901, subdivision 2; 245.62, subdivision 2; 245.697, subdivision 1; 245.735, subdivisions 3, 5, by adding a subdivision; 245A.02, by adding subdivisions; 245A.03, subdivision 7, by adding a subdivision; 245A.04, subdivision 5; 245A.041, by adding a subdivision; 245A.043, subdivision 3; 245A.05; 245A.07, subdivision 1; 245A.08, subdivisions 4, 5; 245A.10, subdivision 4; 245A.14, subdivisions 1, 4; 245A.16, subdivision 1, by adding a subdivision; 245A.50, subdivisions 1a, 7; 245A.65, subdivision 2; 245C.03, by adding subdivisions; 245C.05, subdivisions 2c, 2d, 4; 245C.08, subdivision 3; 245C.10, by adding subdivisions; 245C.14, subdivision 1; 245C.15, by adding a subdivision; 245C.24, subdivisions 2, 3, 4, by adding a subdivision; 245D.02, subdivision 20; 245E.07, subdivision 1; 245F.04, subdivision 2; 245G.03, subdivision 2; 246.54, subdivision 1b; 252.27, subdivision 2a; 252.43; 252A.01, subdivision 1; 252A.02, subdivisions 2, 9, 11, 12, by adding subdivisions; 252A.03, subdivisions

3, 4; 252A.04, subdivisions 1, 2, 4; 252A.05; 252A.06, subdivisions 1, 2; 252A.07, subdivisions 1, 2, 3; 252A.081, subdivisions 2, 3, 5; 252A.09, subdivisions 1, 2; 252A.101, subdivisions 2, 3, 5, 6, 7, 8; 252A.111, subdivisions 2, 4, 6; 252A.12; 252A.16; 252A.17; 252A.19, subdivisions 2, 4, 5, 7, 8; 252A.20; 252A.21, subdivisions 2, 4; 254B.03, subdivision 2; 254B.05, subdivision 5; 256.01, subdivision 14b; 256.0112, subdivision 6; 256.477; 256.741, by adding subdivisions; 256B.051, subdivisions 1, 3, 5, 6, 7, by adding a subdivision; 256B.0615, subdivisions 1, 5; 256B.0616, subdivisions 1, 3, 5; 256B.0622, subdivisions 1, 2, 3a, 4, 7, 7a, 7b, 7d; 256B.0623, subdivisions 1, 2, 3, 4, 5, 6, 9, 12; 256B.0624; 256B.0625, subdivisions 3b, 5, 5m, 19c, 28a, 42, 48, 49, 56a; 256B.0653, by adding a subdivision; 256B.0654, by adding a subdivision; 256B.0659, subdivisions 11, 17a; 256B.0757, subdivision 4c; 256B.0759, subdivisions 2, 4, by adding subdivisions; 256B.0911, subdivisions 3a, 6, by adding a subdivision; 256B.092, subdivision 1b; 256B.0941, subdivision 1; 256B.0943, subdivisions 1, 2, 3, 4, 5, 5a, 6, 7, 9, 11; 256B.0946, subdivisions 1, 1a, 2, 3, 4, 6; 256B.0947, subdivisions 1, 2, 3, 3a, 5, 6, 7; 256B.0949, subdivisions 2, 4, 5a, by adding a subdivision; 256B.097, by adding subdivisions; 256B.14, subdivision 2; 256B.19, subdivision 1; 256B.25, subdivision 3; 256B.49, subdivision 23, by adding a subdivision; 256B.4905, by adding subdivisions; 256B.4912, subdivision 13; 256B.4914, subdivisions 2, 5, 6, 7, 8, 9; 256B.5012, by adding a subdivision; 256B.5013, subdivisions 1, 6; 256B.5015, subdivision 2; 256B.69, subdivision 5a; 256B.761; 256B.763; 256B.85, subdivisions 1, 2, 3, 4, 5, 6, 7, 7a, 8, 9, 10, 11, 11b, 12, 12b, 13, 13a, 15, 16, 17a, 18a, 20b, 23, 23a, by adding subdivisions; 256D.051, by adding subdivisions; 256E.30, subdivision 2; 256E.34, subdivision 1; 256I.04, subdivision 3; 256I.05, subdivisions 1a, 1c, 1q, 11, by adding subdivisions; 256I.06, subdivision 8; 256J.08, subdivision 21; 256J.09, subdivision 3; 256J.30, subdivision 8; 256J.35; 256J.45, subdivision 1; 256J.626, subdivision 1; 256J.95, subdivision 5; 256L.03, subdivision 1; 256N.02, subdivisions 16, 17; 256N.22, subdivision 1; 256N.23, subdivisions 2, 6; 256N.24, subdivisions 1, 8, 11, 12, 14; 256N.25, subdivision 1, by adding a subdivision; 256P.01, subdivision 6a; 256P.02, subdivisions 1a, 2; 256P.04, subdivision 4; 256P.05; 256P.06, subdivision 3; 256S.203; 259.22, subdivision 4; 259.241; 259.35, subdivision 1; 259.53, subdivision 4; 259.73; 259.75, subdivisions 5, 6, 9; 259.83, subdivision 1a; 259A.75, subdivisions 1, 2, 3, 4; 260C.007, subdivisions 22a, 26c, 31; 260C.157, subdivision 3; 260C.163, subdivision 3; 260C.212, subdivisions 1, 1a, 2, 13, by adding a subdivision; 260C.215, subdivision 4; 260C.219, subdivision 5; 260C.4412; 260C.452; 260C.503, subdivision 2; 260C.515, subdivision 3; 260C.605, subdivision 1; 260C.607, subdivision 6; 260C.609; 260C.615; 260C.704; 260C.706; 260C.708; 260C.71; 260C.712; 260C.714; 260D.01; 260D.05; 260D.06, subdivision 2; 260D.07; 260D.08; 260D.14; 260E.20, subdivision 2; 260E.36, by adding a subdivision; 295.50, subdivision 9b; 297E.02, subdivision 3; 325F.721, subdivision 1; 466.03, subdivision 6d; 518.157, subdivisions 1, 3; 518.68, subdivision 2; 518A.29; 518A.33; 518A.35, subdivisions 1, 2; 518A.39, subdivision 7; 518A.40, subdivision 4, by adding a subdivision; 518A.42; 518A.43, by adding a subdivision; 518A.685; 548.091, subdivisions 1a, 2a, 3b, 9, 10; 549.09, subdivision 1; Laws 2019, First Special Session chapter 9, article 5, section 86, subdivision 1, as amended; Laws 2020, First Special Session chapter 7, section 1, as amended; proposing coding for new law in Minnesota Statutes, chapters 119B; 245A; 245G; 254B; 256; 256B; 256S; 518A; proposing coding for new law as Minnesota Statutes, chapter 245I; repealing Minnesota Statutes 2020, sections 245.462, subdivision 4a; 245.4871, subdivision 32a; 245.4879, subdivision 2; 245.62, subdivisions 3, 4; 245.69, subdivision 2; 245.735, subdivisions 1, 2, 4; 252.28, subdivisions 1, 5; 252A.02, subdivisions 8, 10; 252A.21, subdivision 3; 256B.0615, subdivision 2; 256B.0616, subdivision 2; 256B.0622, subdivisions 3, 5a; 256B.0623, subdivisions 7, 8, 10, 11; 256B.0625, subdivisions 51, 35a, 35b, 61, 62, 65; 256B.0943, subdivisions 8, 10; 256B.0944; 256B.0946, subdivision 5; 256B.097, subdivisions 1, 2, 3, 4, 5, 6; 256B.4905, subdivisions 1, 2, 3, 4, 5, 6; 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6b, 6c, 7, 8, 9, 18;

256D.052, subdivision 3; 259A.70; Laws 2019, First Special Session chapter 9, article 5, section 90; Minnesota Rules, parts 9505.0370; 9505.0371; 9505.0372; 9520.0010; 9520.0020; 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090; 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160; 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750; 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820; 9520.0830; 9520.0840; 9520.0850; 9520.0860; 9520.0870; 9530.6800; 9530.6810.

Senator Hoffman moved to amend S.F. No. 383 as follows:

Page 256, after line 10, insert:

"Sec. 70. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; DRIVING AS COVERED SERVICE UNDER COMMUNITY FIRST SERVICES AND SUPPORTS.

The commissioner of human services, in consultation with stakeholders and within existing appropriations, shall develop a new covered service under Minnesota Statutes, chapter 256B.85, that permits a support worker to bill as community first services and supports, not merely assisting a participant with traveling around and participating in the community, or merely accompanying a participant while traveling around or participating in the community, but driving the participant to activities in the community, including to medical appointments. In developing the new covered services, the commissioner must account for any substitution effect that will result from the new covered service supplanting nonemergency medical transportation. By December 31, 2021, the commissioner must provide to the chairs and ranking minority members of the house of representatives and senate committees and divisions with jurisdiction over community first services and supports any draft legislation as may be necessary to implement the new covered service."

Renumber the sections in sequence and correct the internal references

The motion prevailed. So the amendment was adopted.

Senator Hoffman moved to amend S.F. No. 383 as follows:

Page 194, after line 18, insert:

"Sec. 14. Minnesota Statutes 2020, section 256B.0911, subdivision 1a, is amended to read:

Subd. 1a. **Definitions.** For purposes of this section, the following definitions apply:

(a) Until additional requirements apply under paragraph (b), "long-term care consultation services" means:

(1) intake for and access to assistance in identifying services needed to maintain an individual in the most inclusive environment;

(2) providing recommendations for and referrals to cost-effective community services that are available to the individual;

(3) development of an individual's person-centered community support plan;

(4) providing information regarding eligibility for Minnesota health care programs;

(5) face-to-face long-term care consultation assessments, which may be completed in a hospital, nursing facility, intermediate care facility for persons with developmental disabilities (ICF/DDs), regional treatment centers, or the person's current or planned residence;

(6) determination of home and community-based waiver and other service eligibility as required under chapter 256S and sections 256B.0913, 256B.092, and 256B.49, including level of care determination for individuals who need an institutional level of care as determined under subdivision 4e, based on a long-term care consultation assessment and community support plan development, appropriate referrals to obtain necessary diagnostic information, and including an eligibility determination for consumer-directed community supports;

(7) providing recommendations for institutional placement when there are no cost-effective community services available;

(8) providing access to assistance to transition people back to community settings after institutional admission;

(9) providing information about competitive employment, with or without supports, for school-age youth and working-age adults and referrals to the Disability Hub and Disability Benefits 101 to ensure that an informed choice about competitive employment can be made. For the purposes of this subdivision, "competitive employment" means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting, and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities;

(10) providing information about independent living to ensure that an informed choice about independent living can be made; and

(11) providing information about self-directed services and supports, including self-directed funding options, to ensure that an informed choice about self-directed options can be made.

(b) Upon statewide implementation of lead agency requirements in subdivisions 2b, 2c, and 3a, "long-term care consultation services" also means:

(1) service eligibility determination for the following state plan services:

(i) personal care assistance services under section 256B.0625, subdivisions 19a and 19c;

(ii) consumer support grants under section 256.476; or

(iii) community first services and supports under section 256B.85;

(2) notwithstanding provisions in Minnesota Rules, parts 9525.0004 to 9525.0024, gaining access to:

(i) relocation targeted case management services available under section 256B.0621, subdivision 2, clause (4);

(ii) case management services targeted to vulnerable adults or developmental disabilities under section 256B.0924; and

(iii) case management services targeted to people with developmental disabilities under Minnesota Rules, part 9525.0016;

(3) determination of eligibility for semi-independent living services under section 252.275; and

(4) obtaining necessary diagnostic information to determine eligibility under clauses (2) and (3).

(c) "Long-term care options counseling" means the services provided by sections 256.01, subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and follow up once a long-term care consultation assessment has been completed.

(d) "Minnesota health care programs" means the medical assistance program under this chapter and the alternative care program under section 256B.0913.

(e) "Lead agencies" means counties administering or tribes and health plans under contract with the commissioner to administer long-term care consultation services.

(f) "Person-centered planning" is a process that includes the active participation of a person in the planning of the person's services, including in making meaningful and informed choices about the person's own goals, talents, and objectives, as well as making meaningful and informed choices about the services the person receives, the settings in which the person receives the services, and the setting in which the person lives.

~~(g) "Informed choice" means a voluntary choice of services, settings, living arrangement, and work by a person from all available service and setting options based on accurate and complete information concerning all available service and setting options and concerning the person's own preferences, abilities, goals, and objectives. In order for a person to make an informed choice, all available options must be developed and presented to the person in a way the person can understand to empower the person to make fully informed choices~~ has the meaning given in section 256B.4905, subdivision 1a, paragraph (b).

(h) "Available service and setting options" or "available options," with respect to the home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49, means all services and settings defined under the waiver plan for which a waiver applicant or waiver participant is eligible.

(i) "Independent living" means living in a setting that is not controlled by a provider."

Page 212, delete lines 22 to 25 and insert:

"(4) developing and implementing a curriculum and training plan to ensure all lead agency assessors and case managers have the knowledge and skills to comply with this section. Training and competency evaluations must be completed annually by all staff responsible for case management as described in section 256B.092, subdivision 1a, paragraph (f), and section 256B.49, subdivision 13, paragraph (e); and"

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Hoffman moved to amend S.F. No. 383 as follows:

Page 387, after line 17, insert:

"Sec. 69. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; FOSTER FAMILY RECRUITMENT AND LICENSING TECHNOLOGY EVALUATION.

The commissioner of human services, within existing appropriations, shall identify and evaluate available technology to support foster family recruitment and training through an online portal for potential foster families to apply for licensure online. The technology shall also enable relative families of foster youth to apply online and receive real-time support through the online application software; offer content in multiple languages; enable tracking of users' ethnic identity to identify potential gaps in recruitment and to ensure racial equity in serving foster families; and recognize tribal government sovereignty over data control and recruiting and licensing of families to support children in their community. By January 1, 2022, the commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services on any technology identified and evaluated that would achieve the listed objectives, the costs of implementing the technology, the potential savings of implementing the technology, and any other benefits the technology could offer to the child welfare system."

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

S.F. No. 383 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 47 and nays 20, as follows:

Those who voted in the affirmative were:

Abeler	Dornink	Howe	Nelson	Senjem
Anderson	Draheim	Ingebrigtsen	Newman	Tomassoni
Bakk	Duckworth	Jasinski	Newton	Utke
Benson	Eichorn	Johnson	Osmek	Weber
Bigham	Eken	Kiffmeyer	Pappas	Westrom
Chamberlain	Franzen	Koran	Pratt	Wiger
Clausen	Gazelka	Lang	Putnam	Wiklund
Coleman	Goggin	Limmer	Rarick	
Cwodzinski	Hoffman	Mathews	Rosen	
Dahms	Housley	Miller	Ruud	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Coleman, Duckworth, Goggin, Ingebrigtsen, Lang, Limmer, Mathews, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Frentz cast the affirmative vote on behalf of the following Senators: Clausen, Eken, Newton, and Putnam.

Those who voted in the negative were:

Carlson	Eaton	Isaacson	Kunesh	Murphy
Champion	Fateh	Johnson Stewart	Latz	Port
Dibble	Frentz	Kent	Marty	Rest
Dziedzic	Hawj	Klein	McEwen	Torres Ray

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senators: Carlson, Champion, Eaton, Fateh, Hawj, Isaacson, Latz, McEwen, Rest, and Torres Ray.

So the bill, as amended, was passed and its title was agreed to.

Senator Johnson moved that S.F. No. 383 be laid on the table. The motion prevailed.

SPECIAL ORDER

H.F. No. 2128: A bill for an act relating to state government; modifying provisions governing health, health care, human services, human services licensing and background studies, health-related licensing boards, prescription drugs, health insurance, telehealth, children and family services, behavioral health, direct care and treatment, disability services and continuing care for older adults, community supports, and chemical and mental health services; establishing a budget for health and human services; making forecast adjustments; making technical and conforming changes; requiring reports; transferring money; appropriating money; amending Minnesota Statutes 2020, sections 16A.151, subdivision 2; 62A.04, subdivision 2; 62A.10, by adding a subdivision; 62A.15, subdivision 4, by adding a subdivision; 62A.152, subdivision 3; 62A.3094, subdivision 1; 62A.65, subdivision 1, by adding a subdivision; 62C.01, by adding a subdivision; 62D.01, by adding a subdivision; 62D.095, subdivisions 2, 3, 4, 5; 62J.495, subdivisions 1, 2, 3, 4; 62J.497, subdivisions 1, 3; 62J.498; 62J.4981; 62J.4982; 62J.63, subdivisions 1, 2; 62Q.01, subdivision 2a; 62Q.02; 62Q.096; 62Q.46; 62Q.677, by adding a subdivision; 62Q.81; 62U.04, subdivisions 4, 5, 11; 62V.05, by adding a subdivision; 62W.11; 103H.201, subdivision 1; 119B.011, subdivision 15; 119B.025, subdivision 4; 119B.03, subdivisions 4, 6; 119B.09, subdivision 4; 119B.11, subdivision 2a; 119B.125, subdivision 1; 119B.13, subdivisions 1, 1a, 6, 7; 119B.25, subdivision 3; 122A.18, subdivision 8; 136A.128, subdivisions 2, 4; 144.0724, subdivisions 1, 2, 3a, 4, 5, 7, 8, 9, 12; 144.1205, subdivisions 2, 4, 8, 9, by adding a subdivision; 144.125, subdivision 1; 144.1481, subdivision 1; 144.1501, subdivisions 1, 2, 3; 144.1911, subdivision 6; 144.212, by adding a subdivision; 144.225, subdivisions 2, 7; 144.226, by adding subdivisions; 144.55, subdivisions 4, 6; 144.551, subdivision 1, by adding a subdivision; 144.555; 144.651, subdivision 2; 144.9501, subdivision 17; 144.9502, subdivision 3; 144.9504, subdivisions 2, 5; 144D.01, subdivision 4; 144G.08, subdivision 7, as amended; 144G.54, subdivision 3; 144G.84; 145.893, subdivision 1; 145.894; 145.897; 145.899; 145.901, subdivisions 2, 4; 147.033; 148.90, subdivision 2; 148.911; 148B.30, subdivision 1; 148B.31; 148B.51; 148B.5301, subdivision 2; 148B.54, subdivision 2; 148E.010, by adding a subdivision; 148E.120, subdivision 2; 148E.130, subdivision 1, by adding a subdivision; 148F.11, subdivision 1; 151.01, by adding subdivisions; 151.071, subdivisions 1, 2; 151.37, subdivision 2; 151.555, subdivisions 1, 7, 11, by adding a subdivision; 152.01, subdivision 23; 152.02, subdivisions 2, 3; 152.11, subdivision 1a, by adding a subdivision; 152.12, by adding a subdivision; 152.125, subdivision 3; 152.22, subdivisions 6, 11, by adding subdivisions; 152.23; 152.25, by adding a

subdivision; 152.26; 152.27, subdivisions 3, 4, 6; 152.28, subdivision 1; 152.29, subdivisions 1, 3, by adding subdivisions; 152.31; 152.32, subdivision 3; 156.12, subdivision 2; 171.07, by adding a subdivision; 174.30, subdivision 3; 245.462, subdivisions 1, 6, 8, 9, 14, 16, 17, 18, 21, 23, by adding a subdivision; 245.4661, subdivision 5; 245.4662, subdivision 1; 245.467, subdivisions 2, 3; 245.469, subdivisions 1, 2; 245.470, subdivision 1; 245.4712, subdivision 2; 245.472, subdivision 2; 245.4863; 245.4871, subdivisions 9a, 10, 11a, 17, 21, 26, 27, 29, 31, 32, 34, by adding a subdivision; 245.4876, subdivisions 2, 3; 245.4879, subdivision 1; 245.488, subdivision 1; 245.4882, subdivisions 1, 3; 245.4885, subdivision 1; 245.4889, subdivision 1; 245.4901, subdivision 2; 245.62, subdivision 2; 245.735, subdivisions 3, 5, by adding a subdivision; 245A.02, by adding subdivisions; 245A.03, subdivision 7; 245A.04, subdivision 5; 245A.041, by adding a subdivision; 245A.043, subdivision 3; 245A.05; 245A.07, subdivision 1; 245A.10, subdivision 4; 245A.14, subdivision 4; 245A.16, by adding a subdivision; 245A.50, subdivisions 7, 9; 245A.65, subdivision 2; 245C.02, subdivisions 4a, 5, by adding subdivisions; 245C.03; 245C.05, subdivisions 1, 2, 2a, 2b, 2c, 2d, 4; 245C.08, subdivision 3, by adding a subdivision; 245C.10, subdivision 15, by adding subdivisions; 245C.13, subdivision 2; 245C.14, subdivision 1, by adding a subdivision; 245C.15, by adding a subdivision; 245C.16, subdivisions 1, 2; 245C.17, subdivision 1, by adding a subdivision; 245C.18; 245C.24, subdivisions 2, 3, 4, by adding a subdivision; 245C.32, subdivision 1a; 245D.02, subdivision 20; 245F.04, subdivision 2; 245G.01, subdivisions 13, 26; 245G.03, subdivision 2; 245G.06, subdivision 1; 246.54, subdivision 1b; 254A.19, subdivision 5; 254B.01, subdivision 4a, by adding a subdivision; 254B.05, subdivision 5; 254B.12, by adding a subdivision; 256.01, subdivisions 14b, 28; 256.0112, subdivision 6; 256.041; 256.042, subdivisions 2, 4; 256.043, subdivision 3; 256.969, subdivisions 2b, 9, by adding a subdivision; 256.9695, subdivision 1; 256.9741, subdivision 1; 256.98, subdivision 1; 256.983; 256B.04, subdivisions 12, 14; 256B.055, subdivision 6; 256B.056, subdivision 10; 256B.057, subdivision 3; 256B.06, subdivision 4; 256B.0615, subdivisions 1, 5; 256B.0616, subdivisions 1, 3, 5; 256B.0621, subdivision 10; 256B.0622, subdivisions 1, 2, 3a, 4, 7, 7a, 7b, 7d; 256B.0623, subdivisions 1, 2, 3, 4, 5, 6, 9, 12; 256B.0624; 256B.0625, subdivisions 3b, 3c, 3d, 3e, 5, 5m, 9, 10, 13, 13c, 13d, 13e, 13h, 17, 17b, 18, 18b, 19c, 20, 20b, 28a, 30, 31, 42, 46, 48, 49, 52, 56a, 58, by adding subdivisions; 256B.0631, subdivision 1; 256B.0638, subdivisions 3, 5, 6; 256B.0659, subdivisions 13, 21, 24, by adding subdivisions; 256B.0757, subdivision 4c; 256B.0759, subdivisions 2, 4, by adding subdivisions; 256B.0911, subdivisions 1a, 3a, 3f, 4d; 256B.092, subdivisions 4, 5, 12; 256B.0924, subdivision 6; 256B.094, subdivision 6; 256B.0941, subdivision 1; 256B.0943, subdivisions 1, 2, 3, 4, 5, 5a, 6, 7, 9, 11; 256B.0946, subdivisions 1, 1a, 2, 3, 4, 6; 256B.0947, subdivisions 1, 2, 3, 3a, 5, 6, 7; 256B.0949, subdivisions 2, 4, 5a, by adding a subdivision; 256B.097, by adding subdivisions; 256B.196, subdivision 2; 256B.25, subdivision 3; 256B.439, by adding subdivisions; 256B.49, subdivisions 11, 11a, 14, 17, by adding a subdivision; 256B.4914, subdivisions 5, 6, 7, 8, 9, by adding a subdivision; 256B.69, subdivisions 5a, 6, 6d, by adding subdivisions; 256B.6928, subdivision 5; 256B.75; 256B.76, subdivisions 2, 4; 256B.761; 256B.763; 256B.79, subdivisions 1, 3; 256B.85, subdivisions 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 11b, 12, 12b, 13, 13a, 15, 17a, 18a, 20b, 23, 23a, by adding subdivisions; 256D.03, by adding a subdivision; 256D.051, by adding subdivisions; 256D.0515; 256D.0516, subdivision 2; 256E.34, subdivision 1; 256I.03, subdivision 13; 256I.04, subdivision 3; 256I.05, subdivisions 1a, 1c, 11; 256I.06, subdivisions 6, 8; 256J.08, subdivisions 15, 71, 79; 256J.09, subdivision 3; 256J.10; 256J.21, subdivisions 3, 4, 5; 256J.24, subdivision 5; 256J.30, subdivision 8; 256J.33, subdivisions 1, 2, 4; 256J.37, subdivisions 1, 1b, 3, 3a; 256J.45, subdivision 1; 256J.626, subdivision 1; 256J.95, subdivision 9; 256L.01, subdivision 5; 256L.03, subdivision 5; 256L.04, subdivision 7b; 256L.05, subdivision 3a; 256L.07, subdivision 2; 256L.11, subdivisions 6a, 7; 256L.15, subdivision 2; 256N.25, subdivisions 2, 3; 256N.26, subdivisions 11, 13; 256P.01, subdivisions 3, 6a, by adding a subdivision; 256P.04,

subdivisions 4, 8; 256P.06, subdivisions 2, 3; 256P.07; 256S.05, subdivision 2; 256S.18, subdivision 7; 256S.20, subdivision 1; 257.0755, subdivision 1; 257.076, subdivisions 3, 5; 257.0768, subdivisions 1, 6; 257.0769; 260.761, subdivision 2; 260C.007, subdivisions 6, 14, 26c, 31; 260C.157, subdivision 3; 260C.212, subdivisions 1a, 13; 260C.215, subdivision 4; 260C.4412; 260C.452; 260C.704; 260C.706; 260C.708; 260C.71; 260C.712; 260C.714; 260D.01; 260D.05; 260D.06, subdivision 2; 260D.07; 260D.08; 260D.14; 260E.01; 260E.02, subdivision 1; 260E.03, subdivision 22, by adding subdivisions; 260E.06, subdivision 1; 260E.14, subdivisions 2, 5; 260E.17, subdivision 1; 260E.18; 260E.20, subdivision 2; 260E.24, subdivisions 2, 7; 260E.31, subdivision 1; 260E.33, subdivision 1, by adding a subdivision; 260E.35, subdivision 6; 260E.36, by adding a subdivision; 295.50, subdivision 9b; 295.53, subdivision 1; 325F.721, subdivision 1; 326.71, subdivision 4; 326.75, subdivisions 1, 2, 3; Laws 2019, First Special Session chapter 9, article 14, section 3, as amended; Laws 2020, First Special Session chapter 7, section 1, subdivision 2, as amended; Laws 2020, Seventh Special Session chapter 1, article 6, section 12, subdivision 4; proposing coding for new law in Minnesota Statutes, chapters 3; 62A; 62J; 62Q; 62W; 119B; 144; 145; 151; 245; 245A; 245C; 254B; 256; 256B; 256P; 256S; proposing coding for new law as Minnesota Statutes, chapter 245I; repealing Minnesota Statutes 2020, sections 16A.724, subdivision 2; 62A.67; 62A.671; 62A.672; 62J.63, subdivision 3; 119B.125, subdivision 5; 144.0721, subdivision 1; 144.0722; 144.0724, subdivision 10; 144.693; 245.462, subdivision 4a; 245.4871, subdivision 32a; 245.4879, subdivision 2; 245.62, subdivisions 3, 4; 245.69, subdivision 2; 245.735, subdivisions 1, 2, 4; 245C.10, subdivisions 2, 2a, 3, 4, 5, 6, 7, 8, 9, 9a, 10, 11, 12, 13, 14, 16; 256B.0596; 256B.0615, subdivision 2; 256B.0616, subdivision 2; 256B.0622, subdivisions 3, 5a; 256B.0623, subdivisions 7, 8, 10, 11; 256B.0625, subdivisions 5l, 18c, 18d, 18e, 18h, 35a, 35b, 61, 62, 65; 256B.0916, subdivisions 2, 3, 4, 5, 8, 11, 12; 256B.0924, subdivision 4a; 256B.0943, subdivisions 8, 10; 256B.0944; 256B.0946, subdivision 5; 256B.097, subdivisions 1, 2, 3, 4, 5, 6; 256B.49, subdivisions 26, 27; 256D.051, subdivisions 1, 1a, 2, 2a, 3, 3a, 3b, 6b, 6c, 7, 8, 9, 18; 256D.052, subdivision 3; 256J.08, subdivisions 10, 53, 61, 62, 81, 83; 256J.21, subdivisions 1, 2; 256J.30, subdivisions 5, 7, 8; 256J.33, subdivisions 3, 4, 5; 256J.34, subdivisions 1, 2, 3, 4; 256J.37, subdivision 10; 256S.20, subdivision 2; Minnesota Rules, parts 9505.0275; 9505.0370; 9505.0371; 9505.0372; 9505.1693; 9505.1696, subparts 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22; 9505.1699; 9505.1701; 9505.1703; 9505.1706; 9505.1712; 9505.1715; 9505.1718; 9505.1724; 9505.1727; 9505.1730; 9505.1733; 9505.1736; 9505.1739; 9505.1742; 9505.1745; 9505.1748; 9520.0010; 9520.0020; 9520.0030; 9520.0040; 9520.0050; 9520.0060; 9520.0070; 9520.0080; 9520.0090; 9520.0100; 9520.0110; 9520.0120; 9520.0130; 9520.0140; 9520.0150; 9520.0160; 9520.0170; 9520.0180; 9520.0190; 9520.0200; 9520.0210; 9520.0230; 9520.0750; 9520.0760; 9520.0770; 9520.0780; 9520.0790; 9520.0800; 9520.0810; 9520.0820; 9520.0830; 9520.0840; 9520.0850; 9520.0860; 9520.0870; 9530.6800; 9530.6810.

President Miller called Senator Johnson to preside.

Senator Benson moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 54, line 3, after the period insert "Tobacco products do not include the use of tobacco by an American Indian who meets the requirements in Code of Federal Regulations, title 42, sections 447.51 and 447.56, as part of a traditional Native American spiritual or cultural ceremony."

Page 137, delete sections 1 and 2

Page 139, delete section 5

Page 139, after line 3, insert:

"EFFECTIVE DATE. This section is effective January 1, 2023."

Page 139, after line 18, insert:

"EFFECTIVE DATE. This section is effective January 1, 2023."

Page 211, line 1, delete "transfer" and insert "technology"

Page 211, line 3, delete "transfer" and insert "technology" and after "transfer" insert "or transmission"

Page 211, line 10, delete "transfers" and insert "technology"

Page 213, line 26, delete "telephone"

Page 213, after line 28, insert:

"(c) Notwithstanding paragraph (b), substance use disorder treatment services and mental health services delivered through telehealth by means of audio-only communication may be covered without a scheduled appointment if the communication was initiated by the enrollee while in an emergency or crisis situation and a scheduled appointment was not possible due to the need of an immediate response."

Page 228, line 19, delete "transfers" and insert "technology"

Page 229, line 5, delete "transfer" and insert "technology"

Page 248, line 10, delete "First" and insert "Third"

Page 248, line 28, delete "providers" and insert "enrollees, providers, and other interested stakeholders"

Page 249, line 14, delete "and"

Page 249, after line 14, insert:

"(3) the short term and long term impacts, especially in rural areas, on access to and the availability of in-person care and specialty care, due to an expansion in the use of and investment in telehealth to deliver health care services;

(4) the criteria used for determining whether delivering a service by telehealth is medically appropriate to the condition and to the needs of the person receiving the services;

(5) the methods used to ensure that the rights of the patient to choose between receiving a service through telehealth or in-person are respected; and"

Page 249, line 15, delete "(3)" and insert "(6)"

Page 251, line 27, delete "and"

Page 251, line 30, delete the period and insert "; and"

Page 251, after line 30, insert:

"(11) consult with members of communities who are likely to use a common person-centered telepresence platform, including communities of color, the disability community, and other underserved communities."

Page 529, line 20, after "services" insert "identified in section 254B.05,"

Page 529, line 23, delete "services"

Page 529, line 24, delete "identified in section 254B.05," and strike "services other than"

Page 840, after line 5, insert:

"Sec. 22. BLUE RIBBON COMMISSION SAVINGS REQUIREMENT MET; TRANSFER PROHIBITED.

The net appropriations in this act include amounts attributable to Laws 2019, First Special Session chapter 9, article 14, section 11, paragraph (d), clause (2), as amended by Laws 2019, First Special Session chapter 12, section 7; and amounts not attributable to Laws 2019, First Special Session chapter 9, article 14, section 11, paragraph (d), clause (2), as amended by Laws 2019, First Special Session chapter 12, section 7, but that meet the requirements of Laws 2019, First Special Session chapter 9, article 14, section 11, paragraph (d), clause (2), as amended by Laws 2019, First Special Session chapter 12, section 7. The commissioner of management and budget shall not transfer under Laws 2019, First Special Session chapter 9, article 14, section 11, paragraph (d), clause (3), as amended by Laws 2019, First Special Session chapter 12, section 7, any amount from the budget reserve established under Minnesota Statutes, section 16A.152, subdivision 1a, for the biennium beginning July 1, 2021."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

President Miller resumed the Chair.

Senator Benson moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 360, after line 21, insert:

"Sec. 3. Minnesota Statutes 2020, section 260E.06, subdivision 1, is amended to read:

Subdivision 1. **Mandatory reporters.** (a) A person who knows or has reason to believe a child is being maltreated, as defined in section 260E.03, or has been maltreated within the preceding three years shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, county sheriff, tribal social services agency, or tribal police department if the person is:

(1) a professional or professional's delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, correctional supervision, probation and correctional services, or law enforcement; ~~or~~

(2) employed as a member of the clergy and received the information while engaged in ministerial duties, provided that a member of the clergy is not required by this subdivision to report information that is otherwise privileged under section 595.02, subdivision 1, paragraph (c); or

(3) 18 years of age or older and employed as an athletic director, coach, or assistant coach for a public or private youth recreation program. This clause does not apply to volunteers.

(b) "Practice of social services" for the purposes of this subdivision includes but is not limited to employee assistance counseling and the provision of guardian ad litem and parenting time expeditor services.

Sec. 4. Minnesota Statutes 2020, section 260E.06, is amended by adding a subdivision to read:

Subd. 5. **Training.** The local welfare agency must offer training to a person required to make a report under this section. The training may be offered online or in person and must provide an explanation of the legal obligations of a mandatory reporter, consequences for failure to report, and instruction on how to detect and report suspected maltreatment."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

CONFERENCE COMMITTEE EXCUSED

Pursuant to Rule 12.5, Senator Tomassoni moved that the following members be excused for a Conference Committee on S.F. No. 975 from 1:00 to 4:00 p.m.:

Senators Tomassoni, Rarick, Goggin, Jasinski, and Clausen. The motion prevailed.

Senator Benson moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 92, after line 6, insert:

"Sec. 25. Minnesota Statutes 2020, section 144.3351, is amended to read:

144.3351 IMMUNIZATION DATA.

(a) Providers as defined in section 144.291, subdivision 2, group purchasers as defined in section 62J.03, subdivision 6, elementary or secondary schools or child care facilities as defined in section 121A.15, subdivision 9, public or private postsecondary educational institutions as defined in section 135A.14, subdivision 1, paragraph (b), a community health board as defined in section 145A.02, subdivision 5, community action agencies as defined in section 256E.31, subdivision 1, and the commissioner of health may ~~exchange immunization data with one another, without the patient's consent, if the person requesting access provides services on behalf of the patient~~ access a statewide immunization information system to obtain immunization data of an individual, without the individual's consent, if the person requesting the data has entered into an authorized user agreement with the commissioner of health. The authorized user agreement must specify the privacy and security terms for authorized users, including the loss of access if an authorized user violates the terms of the agreement. An authorized user may only access the data for purposes related to the health of the subject of the data.

(b) Any provider administering a vaccine to a patient must inform the patient or the patient's parent or legal guardian if the patient is a minor of their participation in the immunization system and of the patient's option to opt out of having their immunization data made available to authorized users through the immunization information system. If a patient opts out, the patient's demographic record, including their immunization data, is not available and cannot be accessed by an authorized user. The patient may elect to opt in at any time. The patient must not be penalized if the patient chooses not to participate in the immunization system.

(c) Data maintained in the statewide immunization system is private data on individuals, as defined in section 13.02, subdivision 12. The commissioner must maintain a data audit trail of all queries and responses, and all actions in which data are entered, updated, accessed, or disseminated. Data contained in the audit trail are public, to the extent that the data are not otherwise classified by law. Upon request, the commissioner must provide an individual with information from the data audit trail related to the individual's immunization records.

(d) The commissioner must immediately and permanently revoke the authorization of any entity identified in paragraph (a), if any individual who is employed by or under contract with the entity willfully enters, updates, accesses, shares, or disseminates data in violation of state or federal law. If an individual willfully gains access to data without authorization by law, the commissioner must forward the matter to the appropriate prosecuting authority for prosecution.

(e) By January 15 of each odd-numbered year, within existing appropriations, the commissioner must provide a copy of the data audit trail required under this section to the commissioner of administration, the chairs and ranking members of the legislative committees and divisions with jurisdiction over health and human services and data practices, and the Legislative Commission on Data Practices and Personal Data Privacy or its successor commission."

(f) For purposes of this section immunization data includes:

- (1) patient's name, address, date of birth, gender, parent or guardian's name; and
- (2) date vaccine was received, vaccine type, lot number, and manufacturer of all immunizations received by the patient, and whether there is a contraindication or an adverse reaction indication.

(g) This section applies to all immunization data, regardless of when the immunization occurred."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Franzen questioned whether the amendment was germane.

The President ruled that the amendment was not germane.

Senator Klein moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 59, after line 28, insert:

"Sec. 56. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; FUNDING FOR RECUPERATIVE CARE.

The commissioner of human services shall develop a medical assistance reimbursable recuperative care service, not limited to a health home model, designed to serve individuals with chronic conditions, as defined in United States Code, title 42, section 1396w-4(h), who also lack a permanent place of residence at the time of discharge from an emergency department or hospital in order to prevent a return to the emergency department, readmittance to the hospital, or hospitalization. This section is contingent on the receipt of nonstate funding to the commissioner of human services for this purpose as permitted by Minnesota Statutes, section 256.01, subdivision 25."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Klein moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 124, after line 2, insert:

"Sec. 23. Minnesota Statutes 2020, section 214.12, is amended by adding a subdivision to read:

Subd. 7. Racial health inequities and impact of social determinants on health outcomes.
The Boards of Medical Practice, Nursing, Dentistry, Optometry, and Podiatric Medicine shall require licensees who provide direct care to patients to obtain at least two hours every three years of continuing education credits on social determinants and health disparities affecting racial and ethnic minority groups, including communities of color, indigenous communities, and protected classes within these communities. Emphasis must be given to providing specific and tangible best practices to providers to improve patient outcomes and reduce racial health disparities within their practice."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion did not prevail. So the amendment was not adopted.

Senator Draheim moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 105, after line 22, insert:

"Sec. 35. **RENEWABLE GROUNDWATER-SOURCED GEOTHERMAL PILOT PROGRAM.**

Subdivision 1. **Pilot program.** Notwithstanding any law to the contrary, the commissioner of health shall implement a pilot program that permits the installation of groundwater-sourced geothermal heat exchange systems under the following conditions:

(1) no more than 20 groundwater-sourced geothermal heat exchange systems may be constructed;

(2) the groundwater-sourced geothermal heat exchange devices must only be installed in new wells;

(3) the wells must be constructed so that they do not interconnect aquifers or have open borehole, screen, or gravel pack in a confining layer as required by Minnesota Rules, part 4725.2020;

(4) the groundwater-sourced geothermal heat exchange system piping and components in the well must be pressure tested with potable water at a pressure of 1.5 times the system operating pressure or 100 psi, whichever is greater, after installation in the well. Pressure must remain constant for 30 minutes without adding water;

(5) if the groundwater-sourced geothermal heat exchanger or associated piping within the wells plug due to mineralization of other fouling, it must be removed from the wells and cleaned outside of the wells, or it must be replaced. Treatment or rehabilitation chemicals may not be circulated within the closed loop system within the wells;

(6) within 60 days of completion of the wells, the licensed well contractor must submit a construction record to the commissioner in accordance with Minnesota Statutes, section 1031.205, subdivision 9; and

(7) if use of the groundwater-sourced geothermal heat exchange system is terminated, or the system or associated wells fail and cannot be repaired, the groundwater-sourced geothermal heat exchange system owner must have the groundwater-sourced geothermal heat exchange system, including piping and heat exchangers, removed from the wells within 30 days.

Subd. 2. **Expiration.** The pilot program expires June 30, 2022.

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

Senator Marty questioned whether the amendment was germane.

The President ruled that the amendment was not germane.

Senator Benson moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 840, after line 5, insert:

"Sec. 22. REIMBURSEMENT AND RECOVERY AMOUNTS FOR COVID-19 EXPENDITURES; DEPOSIT TO HEALTH CARE ACCESS FUND.

Notwithstanding Laws 2020, Seventh Special Session chapter 2, article 7, section 1, any reimbursement or recovery amounts from any source attributable to the general fund appropriations and transfers in Laws 2020, chapters 66, 70, 71, and 74, that is received after the February 2021 forecast under Minnesota Statutes, section 16A.103, through June 30, 2023, shall be deposited in the health care access fund.

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

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 37 and nays 30, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Ingebrigtsen	Miller	Senjem
Anderson	Duckworth	Jasinski	Nelson	Tomassoni
Bakk	Eichorn	Johnson	Newman	Utke
Benson	Gazelka	Kiffmeyer	Osmek	Weber
Chamberlain	Goggin	Koran	Pratt	Westrom
Coleman	Hoffman	Lang	Rarick	
Dahms	Housley	Limmer	Rosen	
Dornink	Howe	Mathews	Ruud	

Pursuant to Rule 40, Senator Pratt cast the affirmative vote on behalf of the following Senators: Coleman, Dahms, Duckworth, Goggin, Housley, Ingebrigtsen, Jasinski, Lang, Limmer, Mathews, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Bakk cast the affirmative vote on behalf of the following Senator: Tomassoni.

Those who voted in the negative were:

Bigham	Dibble	Franzen	Kent	McEwen
Carlson	Dziedzic	Frentz	Klein	Murphy
Champion	Eaton	Hawj	Kunesh	Newton
Clausen	Eken	Isaacson	Latz	Pappas
Cwodzinski	Fatch	Johnson Stewart	Marty	Port

Putnam

Rest

Torres Ray

Wiger

Wiklund

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senators: Carlson, Champion, Clausen, Eaton, Eken, Fateh, Hawj, Isaacson, Latz, McEwen, Newton, Putnam, Rest, and Torres Ray.

The motion prevailed. So the amendment was adopted.

Senator Dziejcz moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 90, after line 1, insert:

"Sec. 23. Minnesota Statutes 2020, section 144.223, is amended to read:

144.223 REPORT OF MARRIAGE.

Data relating to certificates of marriage registered shall be reported to the state registrar by the local registrar or designee of the county board in each of the 87 registration districts pursuant to the rules of the commissioner. The information in clause (1) necessary to compile the report shall be furnished by the applicant prior to the issuance of the marriage license. The report shall contain the following:

(1) personal information on bride and groom:

(i) name;

(ii) residence;

(iii) date and place of birth;

~~(iv) race;~~

~~(iv)~~ (iv) if previously married, how terminated; and

~~(v)~~ (v) signature of applicant, date signed, and Social Security number; and

(2) information concerning the marriage:

(i) date of marriage;

(ii) place of marriage; and

(iii) civil or religious ceremony."

Page 105, after line 22, insert:

"Sec. 36. DIRECTION TO MODIFY MARRIAGE LICENSE APPLICATIONS.

A local registrar or a designee of the county board shall delete from the county's marriage license application any space or other manner in which the applicant is required to specify the applicant's race."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Abeler moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 439, after line 7, insert:

"Sec. 12. Minnesota Statutes 2020, section 256B.0911, subdivision 1a, is amended to read:

Subd. 1a. **Definitions.** For purposes of this section, the following definitions apply:

(a) Until additional requirements apply under paragraph (b), "long-term care consultation services" means:

(1) intake for and access to assistance in identifying services needed to maintain an individual in the most inclusive environment;

(2) providing recommendations for and referrals to cost-effective community services that are available to the individual;

(3) development of an individual's person-centered community support plan;

(4) providing information regarding eligibility for Minnesota health care programs;

(5) face-to-face long-term care consultation assessments, which may be completed in a hospital, nursing facility, intermediate care facility for persons with developmental disabilities (ICF/DDs), regional treatment centers, or the person's current or planned residence;

(6) determination of home and community-based waiver and other service eligibility as required under chapter 256S and sections 256B.0913, 256B.092, and 256B.49, including level of care determination for individuals who need an institutional level of care as determined under subdivision 4e, based on a long-term care consultation assessment and community support plan development, appropriate referrals to obtain necessary diagnostic information, and including an eligibility determination for consumer-directed community supports;

(7) providing recommendations for institutional placement when there are no cost-effective community services available;

(8) providing access to assistance to transition people back to community settings after institutional admission;

(9) providing information about competitive employment, with or without supports, for school-age youth and working-age adults and referrals to the Disability Hub and Disability Benefits 101 to ensure that an informed choice about competitive employment can be made. For the purposes of this subdivision, "competitive employment" means work in the competitive labor market that is performed on a full-time or part-time basis in an integrated setting, and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities;

(10) providing information about independent living to ensure that an informed choice about independent living can be made; and

(11) providing information about self-directed services and supports, including self-directed funding options, to ensure that an informed choice about self-directed options can be made.

(b) Upon statewide implementation of lead agency requirements in subdivisions 2b, 2c, and 3a, "long-term care consultation services" also means:

(1) service eligibility determination for the following state plan services:

(i) personal care assistance services under section 256B.0625, subdivisions 19a and 19c;

(ii) consumer support grants under section 256.476; or

(iii) community first services and supports under section 256B.85;

(2) notwithstanding provisions in Minnesota Rules, parts 9525.0004 to 9525.0024, gaining access to:

(i) relocation targeted case management services available under section 256B.0621, subdivision 2, clause (4);

(ii) case management services targeted to vulnerable adults or developmental disabilities under section 256B.0924; and

(iii) case management services targeted to people with developmental disabilities under Minnesota Rules, part 9525.0016;

(3) determination of eligibility for semi-independent living services under section 252.275; and

(4) obtaining necessary diagnostic information to determine eligibility under clauses (2) and (3).

(c) "Long-term care options counseling" means the services provided by sections 256.01, subdivision 24, and 256.975, subdivision 7, and also includes telephone assistance and follow up once a long-term care consultation assessment has been completed.

(d) "Minnesota health care programs" means the medical assistance program under this chapter and the alternative care program under section 256B.0913.

(e) "Lead agencies" means counties administering or tribes and health plans under contract with the commissioner to administer long-term care consultation services.

(f) "Person-centered planning" is a process that includes the active participation of a person in the planning of the person's services, including in making meaningful and informed choices about the person's own goals, talents, and objectives, as well as making meaningful and informed choices about the services the person receives, the settings in which the person receives the services, and the setting in which the person lives.

~~(g) "Informed choice" means a voluntary choice of services, settings, living arrangement, and work by a person from all available service and setting options based on accurate and complete information concerning all available service and setting options and concerning the person's own preferences, abilities, goals, and objectives. In order for a person to make an informed choice, all available options must be developed and presented to the person in a way the person can understand to empower the person to make fully informed choices~~ has the meaning given in section 256B.4905, subdivision 1a, paragraph (b).

(h) "Available service and setting options" or "available options," with respect to the home and community-based waivers under chapter 256S and sections 256B.092 and 256B.49, means all services and settings defined under the waiver plan for which a waiver applicant or waiver participant is eligible.

(i) "Independent living" means living in a setting that is not controlled by a provider."

Page 457, delete lines 8 to 11 and insert:

"(4) developing and implementing a curriculum and training plan to ensure all lead agency assessors and case managers have the knowledge and skills to comply with this section. Training and competency evaluations must be completed annually by all staff responsible for case management as described in section 256B.092, subdivision 1a, paragraph (f), and section 256B.49, subdivision 13, paragraph (e); and"

Page 503, after line 12, insert:

"Sec. 69. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; DRIVING AS COVERED SERVICE UNDER COMMUNITY FIRST SERVICES AND SUPPORTS.

The commissioner of human services, in consultation with stakeholders and within existing appropriations, shall develop a new covered service under Minnesota Statutes, chapter 256B.85, that permits a support worker to bill as community first services and supports, not merely assisting a participant with traveling around and participating in the community, or merely accompanying a participant while traveling around or participating in the community, but driving the participant to activities in the community, including to medical appointments. In developing the new covered services, the commissioner must account for any substitution effect that will result from the new covered service supplanting nonemergency medical transportation. By December 31, 2021, the commissioner must provide to the chairs and ranking minority members of the house of representatives and senate committees and divisions with jurisdiction over community first services and supports any draft legislation as may be necessary to implement the new covered service."

Page 802, after line 9, insert:

"Sec. 19. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; FOSTER FAMILY RECRUITMENT AND LICENSING TECHNOLOGY EVALUATION.

The commissioner of human services, within existing appropriations, shall identify and evaluate available technology to support foster family recruitment and training through an online portal for potential foster families to apply for licensure online. The technology shall also enable relative families of foster youth to apply online and receive real-time support through the online application software; offer content in multiple languages; enable tracking of users' ethnic identity to identify potential gaps in recruitment and to ensure racial equity in serving foster families; and recognize tribal government sovereignty over data control and recruiting and licensing of families to support children in their community. By January 1, 2022, the commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services on any technology identified and evaluated that would achieve the listed objectives, the costs of implementing the technology, the potential savings of implementing the technology, and any other benefits the technology could offer to the child welfare system."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Hoffman moved to amend the Abeler amendment to H.F. No. 2128 as follows:

Page 4, delete lines 17 to 32 and insert:

"Sec. 19. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; FOSTER FAMILY RECRUITMENT AND LICENSING TECHNOLOGY REQUEST FOR INFORMATION. .

The commissioner of human services shall publish a Request for Information to identify available technology to support foster family recruitment and training through an online portal for potential foster families to apply for licensure online, including the potential costs for implementing the technology. The technology shall enable relative families of foster youth to apply online and receive real-time support through the online application software; offer content in multiple languages; enable tracking of users' ethnic identity to identify potential gaps in recruitment and to ensure racial equity in serving foster families; and recognize tribal government sovereignty over data control and recruiting and licensing of families to support children in their community. By January 15, 2022, the commissioner shall report to the chairs and ranking minority members of the legislative committees with jurisdiction over human services on responses received in response to the Request for Information."

The motion prevailed. So the amendment to the amendment was adopted.

The question recurred on the adoption of the Abeler amendment, as amended. The motion prevailed. So the amendment, as amended, was adopted.

Senator Dibble moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 32, line 10, reinstate the stricken language

Page 32, line 11, delete the new language

The motion prevailed. So the amendment was adopted.

Senator Kiffmeyer moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 104, after line 15, insert:

"Sec. 31. Minnesota Statutes 2020, section 157.22, is amended to read:

157.22 EXEMPTIONS.

This chapter does not apply to:

(1) interstate carriers under the supervision of the United States Department of Health and Human Services;

(2) weddings, fellowship meals, or funerals conducted by a faith-based organization using any building constructed and primarily used for religious worship or education;

(3) any building owned, operated, and used by a college or university in accordance with health regulations promulgated by the college or university under chapter 14;

(4) any person, firm, or corporation whose principal mode of business is licensed under sections 28A.04 and 28A.05, is exempt at that premises from licensure as a food or beverage establishment; provided that the holding of any license pursuant to sections 28A.04 and 28A.05 shall not exempt any person, firm, or corporation from the applicable provisions of this chapter or the rules of the state commissioner of health relating to food and beverage service establishments;

(5) family day care homes and group family day care homes governed by sections 245A.01 to 245A.16;

(6) nonprofit senior citizen centers for the sale of home-baked goods;

(7) fraternal, sportsman, or patriotic organizations that are tax exempt under section 501(c)(3), 501(c)(4), 501(c)(6), 501(c)(7), 501(c)(10), or 501(c)(19) of the Internal Revenue Code of 1986, or organizations related to, affiliated with, or supported by such fraternal, sportsman, or patriotic organizations for events held in the building or on the grounds of the organization and at which home-prepared food is donated by organization members for sale at the events, provided:

(i) the event is not a circus, carnival, or fair;

(ii) the organization controls the admission of persons to the event, the event agenda, or both;
and

(iii) the organization's licensed kitchen is not used in any manner for the event;

(8) food not prepared at an establishment and brought in by individuals attending a potluck event for consumption at the potluck event. An organization sponsoring a potluck event under this clause may advertise the potluck event to the public through any means. Individuals who are not members of an organization sponsoring a potluck event under this clause may attend the potluck event and consume the food at the event. Licensed food establishments other than schools cannot be sponsors of potluck events. A school may sponsor and hold potluck events in areas of the school other than the school's kitchen, provided that the school's kitchen is not used in any manner for the potluck event. For purposes of this clause, "school" means a public school as defined in section 120A.05, subdivisions 9, 11, 13, and 17, or a nonpublic school, church, or religious organization at which a child is provided with instruction in compliance with sections 120A.22 and 120A.24. Potluck event food shall not be brought into a licensed food establishment kitchen;

(9) a home school in which a child is provided instruction at home;

(10) school concession stands serving commercially prepared, nonpotentially hazardous foods, as defined in Minnesota Rules, chapter 4626;

(11) group residential facilities of ten or fewer beds licensed by the commissioner of human services under Minnesota Rules, chapter 2960, provided the facility employs or contracts with a certified food manager under Minnesota Rules, part 4626.2015;

(12) food served at fund-raisers or community events, including fellowship meals, conducted in the building or on the grounds of a faith-based organization, or made available for curbside pickup or for delivery to members of the faith-based organization or the community in which the faith-based organization serves, provided that a certified food manager, or a volunteer trained in a food safety course, trains the food preparation workers in safe food handling practices. This exemption does not apply to faith-based organizations at the state agricultural society or county fairs or to faith-based organizations that choose to apply for a license;

(13) food service events conducted following a disaster for purposes of feeding disaster relief staff and volunteers serving commercially prepared, nonpotentially hazardous foods, as defined in Minnesota Rules, chapter 4626;

(14) chili or soup served at a chili or soup cook-off fund-raiser conducted by a community-based nonprofit organization, provided:

(i) the municipality where the event is located approves the event;

(ii) the sponsoring organization must develop food safety rules and ensure that participants follow these rules; and

(iii) if the food is not prepared in a kitchen that is licensed or inspected, a visible sign or placard must be posted that states: "These products are homemade and not subject to state inspection."

Foods exempt under this clause must be labeled to accurately reflect the name and address of the person preparing the foods; and

(15) a special event food stand or a seasonal temporary food stand provided:

(i) the stand is located on private property with the permission of the property owner;

(ii) the stand has gross receipts or contributions of \$1,000 or less in a calendar year; and

(iii) the operator of the stand posts a sign or placard at the site that states "The products sold at this stand are not subject to state inspection or regulation." if the stand offers for sale potentially hazardous food as defined in Minnesota Rules, part 4626.0020, subpart 62."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Nelson moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 41, after line 27, insert:

"Sec. 35. Minnesota Statutes 2020, section 256B.0946, subdivision 1, is amended to read:

Subdivision 1. **Required covered service components.** (a) Effective May 23, 2013, and subject to federal approval, medical assistance covers medically necessary intensive treatment services described under paragraph (b) that are provided by a provider entity eligible under subdivision 3 to a client eligible under subdivision 2 who is placed in a foster home licensed under Minnesota Rules, parts 2960.3000 to 2960.3340, or placed in a foster home licensed under the regulations established by a federally recognized Minnesota tribe.

(b) Intensive treatment services to children with mental illness residing in foster family settings that comprise specific required service components provided in clauses (1) to ~~(5)~~ (6) are reimbursed by medical assistance when they meet the following standards:

(1) psychotherapy provided by a mental health professional as defined in Minnesota Rules, part 9505.0371, subpart 5, item A, or a clinical trainee, as defined in Minnesota Rules, part 9505.0371, subpart 5, item C;

(2) crisis assistance provided according to standards for children's therapeutic services and supports in section 256B.0943;

(3) individual, family, and group psychoeducation services, defined in subdivision 1a, paragraph (q), provided by a mental health professional or a clinical trainee;

(4) clinical care consultation, as defined in subdivision 1a, and provided by a mental health professional or a clinical trainee; ~~and~~

(5) individual treatment plan development as defined in Minnesota Rules, part 9505.0371, subpart 7; and

(6) service delivery payment requirements as provided under subdivision 4.

EFFECTIVE DATE. This section is effective July 1, 2021, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained.

Sec. 36. Minnesota Statutes 2020, section 256B.0946, subdivision 4, is amended to read:

Subd. 4. **Service delivery payment requirements.** (a) To be eligible for payment under this section, a provider must develop and practice written policies and procedures for intensive treatment in foster care, consistent with subdivision 1, paragraph (b), and comply with the following requirements in paragraphs (b) to ~~(n)~~ (o).

(b) A qualified clinical supervisor, as defined in and performing in compliance with Minnesota Rules, part 9505.0371, subpart 5, item D, must supervise the treatment and provision of services described in this section.

(c) Each client receiving treatment services must receive an extended diagnostic assessment, as described in Minnesota Rules, part 9505.0372, subpart 1, item C, within 30 days of enrollment in this service unless the client has a previous extended diagnostic assessment that the client, parent, and mental health professional agree still accurately describes the client's current mental health functioning.

(d) Each previous and current mental health, school, and physical health treatment provider must be contacted to request documentation of treatment and assessments that the eligible client has received. This information must be reviewed and incorporated into the diagnostic assessment and team consultation and treatment planning review process.

(e) Each client receiving treatment must be assessed for a trauma history, and the client's treatment plan must document how the results of the assessment will be incorporated into treatment.

(f) Each client receiving treatment services must have an individual treatment plan that is reviewed, evaluated, and signed every 90 days using the team consultation and treatment planning process, as defined in subdivision 1a, paragraph (s).

(g) Care consultation, as defined in subdivision 1a, paragraph (a), must be provided in accordance with the client's individual treatment plan.

(h) Each client must have a crisis assistance plan within ten days of initiating services and must have access to clinical phone support 24 hours per day, seven days per week, during the course of treatment. The crisis plan must demonstrate coordination with the local or regional mobile crisis intervention team.

(i) Services must be delivered and documented at least three days per week, equaling at least six hours of treatment per week, unless reduced units of service are specified on the treatment plan. If the mental health professional, client, and family agree, service units may be temporarily reduced

for a period of no more than 60 days in order to meet the needs of the client and family, or as part of transition or on a discharge plan to another service or level of care. The reasons for service reduction must be identified, documented, and included on the treatment plan. Billing and payment are prohibited for days on which no services are delivered and documented. Documentation must comply with Minnesota Rules, parts 9505.2175 and 9505.2197.

(j) Location of service delivery must be in the client's home, day care setting, school, or other community-based setting that is specified on the client's individualized treatment plan.

(k) Treatment must be developmentally and culturally appropriate for the client.

(l) Services must be delivered in continual collaboration and consultation with the client's medical providers and, in particular, with prescribers of psychotropic medications, including those prescribed on an off-label basis. Members of the service team must be aware of the medication regimen and potential side effects.

(m) Parents, siblings, foster parents, and members of the child's permanency plan must be involved in treatment and service delivery unless otherwise noted in the treatment plan.

(n) Transition planning for the child must be conducted starting with the first treatment plan and must be addressed throughout treatment to support the child's permanency plan and postdischarge mental health service needs.

(o) In order for a provider to receive the daily per-client encounter rate, at least one of the services listed in subdivision 1, paragraph (b), clauses (1) to (3), must be provided. The services listed in subdivision 1, paragraph (b), clauses (4) and (5), may be included as part of the daily per-client encounter rate.

EFFECTIVE DATE. This section is effective July 1, 2021, or upon federal approval, whichever is later. The commissioner of human services shall notify the revisor of statutes when federal approval is obtained."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Dibble moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 818, line 4, delete the first "3,465,000" and insert "5,547,000"

Page 818, after line 4, insert:

"One-Time Grants for Navigator Organizations. \$2,082,000 in fiscal year 2022 is from the health care access fund for

grants to organizations with a MNsure grant services navigator assister contract in good standing as of June 30, 2021. The grants to each organization must be in proportion to the number of Medical Assistance and MinnesotaCare enrollees each organization assisted that resulted in a successful enrollment in the second quarter of fiscal year 2020, as determined by MNsure's navigator payment process. This is a onetime appropriation."

Page 839, after line 10, insert:

"Sec. 19. REDUCTION IN APPROPRIATION AND CANCELLATION; INCENTIVE PROGRAM.

The fiscal year 2021 health care access fund appropriation in Minnesota Laws 2019, First Special Session chapter 9, article 14, section 2, subdivision 25, is reduced by \$2,082,000 and canceled to the health care access fund."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The motion prevailed. So the amendment was adopted.

Senator Johnson Stewart moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 97, delete section 27

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 30 and nays 36, as follows:

Those who voted in the affirmative were:

Bigham	Eaton	Isaacson	Marty	Putnam
Carlson	Fateh	Johnson Stewart	McEwen	Rest
Champion	Franzen	Kent	Murphy	Tomassoni
Cwodzinski	Frentz	Klein	Newton	Torres Ray
Dibble	Hawj	Kunesh	Pappas	Wiger
Dziedzic	Hoffman	Latz	Port	Wiklund

Pursuant to Rule 40, Senator Frentz cast the affirmative vote on behalf of the following Senators: Carlson, Champion, Eaton, Fateh, Hawj, Isaacson, Latz, Newton, Putnam, Rest, and Torres Ray.

Pursuant to Rule 40, Senator Bakk cast the affirmative vote on behalf of the following Senator: Tomassoni.

Those who voted in the negative were:

Abeler	Draheim	Ingebrigtsen	Miller	Senjem
Anderson	Duckworth	Jasinski	Nelson	Utke
Bakk	Eichorn	Johnson	Newman	Weber
Benson	Eken	Kiffmeyer	Osmek	Westrom
Chamberlain	Gazelka	Koran	Pratt	
Coleman	Goggin	Lang	Rarick	
Dahms	Housley	Limmer	Rosen	
Dornink	Howe	Mathews	Ruud	

Pursuant to Rule 40, Senator Pratt cast the negative vote on behalf of the following Senators: Coleman, Dahms, Duckworth, Goggin, Housley, Ingebrigtsen, Jasinski, Lang, Limmer, Mathews, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senator: Eken.

The motion did not prevail. So the amendment was not adopted.

Senator Port moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 97, after line 5, insert:

"Sec. 26. **[145.25] PROVISION OF SCIENCE-BASED HEALTH CARE.**

Subdivision 1. Definitions. (a) For the purposes of this section, the terms in this subdivision have the meanings given.

(b) "Evidence-based" means the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient while integrating individual clinical expertise with the best available external, clinically relevant evidence from systematic research.

(c) "Medically accurate" means information that is:

(1) verified or supported by the weight of peer-reviewed medical research conducted in compliance with accepted scientific methods;

(2) recognized as medically sound and objective by:

(i) leading health care organizations with relevant expertise, such as the American Medical Association, the American Congress of Obstetricians and Gynecologists, the American Public Health Association, the American Psychological Association, the American Academy of Pediatrics, the American College of Physicians, and the American Academy of Family Physicians;

(ii) federal agencies such as the Centers for Disease Control and Prevention, the Food and Drug Administration, the National Cancer Institute, and the National Institutes of Health; or

(iii) leading national or international scientific advisory groups such as the Health and Medicine Division and the Advisory Committee on Immunization Practices; or

(3) recommended by or affirmed in the health care practice guidelines of a nationally recognized health care accreditation organization.

(d) "Appropriate for the patient" means care consistent with applicable health and professional standards, the patient's clinical and other circumstances, and the patient's reasonably known wishes and beliefs.

Subd. 2. **Right to provide science-based health care.** (a) Notwithstanding any law to the contrary, no licensed or registered health care provider or person operating under the authority of the provider shall be required by state or local law, rule, or ordinance to provide a patient with:

(1) information that is not medically accurate and appropriate for the patient in the health care provider's reasonable professional judgment; or

(2) a health care service in a manner that is not evidence-based and appropriate for the patient, in the health care provider's reasonable professional judgment.

(b) Notwithstanding any law to the contrary, no state or local law, rule, or ordinance shall prohibit a licensed or registered health care provider or person operating under the authority of the provider from providing a patient with:

(1) information that is medically accurate and appropriate for the patient in the health care provider's reasonable professional judgment; or

(2) a health care service in a manner that is evidence-based and appropriate for the patient in the health care provider's reasonable professional judgment.

Subd. 3. **Documentation.** A health care provider who determines that a state or local law, rule, or ordinance violates subdivision 2 and determines that following the law, rule, or ordinance is not appropriate for the patient must:

(1) document the determination in writing, including the medical basis for the determination; and

(2) include the documentation in clause (1) in the patient's health record and comply with existing health record retention requirements for retention of the documentation.

Subd. 4. **Existing standard of care.** Nothing in this section shall be construed to alter a health care provider's existing professional standards of care or interfere with the duty of a health care provider in meeting the applicable standard of care for that provider.

EFFECTIVE DATE. This section is effective July 1, 2021."

Page 105, after line 22, insert:

"Sec. 36. **REPEALER.**

Minnesota Statutes 2020, sections 145.4241; 145.4242; 145.4243; 145.4244; 145.4245; 145.4246; 145.4247; 145.4248; and 145.4249, are repealed effective July 1, 2021."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 30 and nays 36, as follows:

Those who voted in the affirmative were:

Bigham	Eaton	Isaacson	Marty	Putnam
Carlson	Fateh	Johnson Stewart	McEwen	Rest
Champion	Franzen	Kent	Murphy	Tomassoni
Cwodzinski	Frentz	Klein	Newton	Torres Ray
Dibble	Hawj	Kunesh	Pappas	Wiger
Dziedzic	Hoffman	Latz	Port	Wiklund

Pursuant to Rule 40, Senator Frentz cast the affirmative vote on behalf of the following Senators: Carlson, Champion, Eaton, Fateh, Hawj, Isaacson, Latz, Newton, Putnam, Rest, and Torres Ray.

Pursuant to Rule 40, Senator Bakk cast the affirmative vote on behalf of the following Senator: Tomassoni.

Those who voted in the negative were:

Abeler	Draheim	Ingebrigtsen	Miller	Senjem
Anderson	Duckworth	Jasinski	Nelson	Utke
Bakk	Eichorn	Johnson	Newman	Weber
Benson	Eken	Kiffmeyer	Osmek	Westrom
Chamberlain	Gazelka	Koran	Pratt	
Coleman	Goggin	Lang	Rarick	
Dahms	Housley	Limmer	Rosen	
Dornink	Howe	Mathews	Ruud	

Pursuant to Rule 40, Senator Pratt cast the negative vote on behalf of the following Senators: Abeler, Coleman, Dahms, Dornink, Duckworth, Eichorn, Gazelka, Goggin, Housley, Ingebrigtsen, Jasinski, Lang, Limmer, Mathews, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senator: Eken.

The motion did not prevail. So the amendment was not adopted.

Senator Benson moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 96, line 34, delete "or"

Page 97, line 5, delete the period and insert "; or"

Page 97, after line 5, insert:

"(30) the addition of licensed beds in a hospital or hospital corporate system to provide primarily mental health services or substance use disorder services. Beds added under this clause must be available to serve medical assistance and MinnesotaCare enrollees. Notwithstanding section 144.552, a public interest review shall not be required for the addition of beds under this clause."

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 48 and nays 17, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Howe	Latz	Rarick
Anderson	Duckworth	Ingebrigtsen	Limmer	Rosen
Bakk	Dziedzic	Isaacson	Mathews	Ruud
Benson	Eichorn	Jasinski	Miller	Senjem
Bigham	Eken	Johnson	Nelson	Tomassoni
Chamberlain	Franzen	Kent	Newman	Utke
Coleman	Gazelka	Kiffmeyer	Osmek	Weber
Cwodzinski	Goggin	Klein	Pappas	Westrom
Dahms	Hoffman	Koran	Port	
Dornink	Housley	Lang	Pratt	

Pursuant to Rule 40, Senator Pratt cast the affirmative vote on behalf of the following Senators: Abeler, Coleman, Dahms, Duckworth, Goggin, Housley, Ingebrigtsen, Jasinski, Lang, Limmer, Mathews, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Frenz cast the affirmative vote on behalf of the following Senators: Isaacson and Latz.

Pursuant to Rule 40, Senator Bakk cast the affirmative vote on behalf of the following Senator: Tomassoni.

Those who voted in the negative were:

Carlson	Fateh	Kunesh	Newton	Wiklund
Champion	Frenz	Marty	Putnam	
Dibble	Hawj	McEwen	Torres Ray	
Eaton	Johnson Stewart	Murphy	Wiger	

Pursuant to Rule 40, Senator Frenz cast the negative vote on behalf of the following Senators: Carlson, Champion, Eaton, Fateh, Hawj, Newton, Putnam, and Torres Ray.

The motion prevailed. So the amendment was adopted.

Senator Franzen moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 36, delete section 29

Page 46, delete section 37

Page 126, line 4, delete "62J.85" and insert "62J.845"

Page 127, after line 20, insert:

"Sec. 3. **[62J.85] CITATION.**

Sections 62J.85 to 62J.95 may be cited as the "Prescription Drug Affordability Act."

Sec. 4. **[62J.86] DEFINITIONS.**

Subdivision 1. **Definitions.** For the purposes of sections 62J.85 to 62J.95, the following terms have the meanings given them.

Subd. 2. **Advisory council.** "Advisory council" means the Prescription Drug Affordability Advisory Council established under section 62J.88.

Subd. 3. **Biologic.** "Biologic" means a drug that is produced or distributed in accordance with a biologics license application approved under Code of Federal Regulations, title 42, section 447.502.

Subd. 4. **Biosimilar.** "Biosimilar" has the meaning given in section 62J.84, subdivision 2, paragraph (b).

Subd. 5. **Board.** "Board" means the Prescription Drug Affordability Board established under section 62J.87.

Subd. 6. **Brand name drug.** "Brand name drug" has the meaning given in section 62J.84, subdivision 2, paragraph (c).

Subd. 7. **Generic drug.** "Generic drug" has the meaning given in section 62J.84, subdivision 2, paragraph (e).

Subd. 8. **Group purchaser.** "Group purchaser" has the meaning given in section 62J.03, subdivision 6, and includes pharmacy benefit managers, as defined in section 62W.02, subdivision 15.

Subd. 9. **Manufacturer.** "Manufacturer" means an entity that:

(1) engages in the manufacture of a prescription drug product or enters into a lease with another manufacturer to market and distribute a prescription drug product under the entity's own name; and

(2) sets or changes the wholesale acquisition cost of the prescription drug product it manufactures or markets.

Subd. 10. **Prescription drug product.** "Prescription drug product" means a brand name drug, a generic drug, a biologic, or a biosimilar.

Subd. 11. **Wholesale acquisition cost or WAC.** "Wholesale acquisition cost" or "WAC" has the meaning given in United States Code, title 42, section 1395W-3a(c)(6)(B).

Sec. 5. **[62J.87] PRESCRIPTION DRUG AFFORDABILITY BOARD.**

Subdivision 1. **Establishment.** The commissioner of commerce shall establish the Prescription Drug Affordability Board, which shall be governed as a board under section 15.012, paragraph (a), to protect consumers, state and local governments, health plan companies, providers, pharmacies, and other health care system stakeholders from unaffordable costs of certain prescription drugs.

Subd. 2. **Membership.** (a) The Prescription Drug Affordability Board consists of nine members appointed as follows:

(1) seven voting members appointed by the governor;

(2) one nonvoting member appointed by the majority leader of the senate; and

(3) one nonvoting member appointed by the speaker of the house.

(b) All members appointed must have knowledge and demonstrated expertise in pharmaceutical economics and finance or health care economics and finance. A member must not be an employee of, a board member of, or a consultant to a manufacturer or trade association for manufacturers or a pharmacy benefit manager or trade association for pharmacy benefit managers.

(c) Initial appointments shall be made by January 1, 2022.

Subd. 3. **Terms.** (a) Board appointees shall serve four-year terms, except that initial appointees shall serve staggered terms of two, three, or four years as determined by lot by the secretary of state. A board member shall serve no more than two consecutive terms.

(b) A board member may resign at any time by giving written notice to the board.

Subd. 4. **Chair; other officers.** (a) The governor shall designate an acting chair from the members appointed by the governor. The acting chair shall convene the first meeting of the board.

(b) The board shall elect a chair to replace the acting chair at the first meeting of the board by a majority of the members. The chair shall serve for one year.

(c) The board shall elect a vice-chair and other officers from the board's membership as the board deems necessary.

Subd. 5. **Staff; technical assistance.** (a) The board shall hire an executive director and other staff, who shall serve in the unclassified service. The executive director must have knowledge and demonstrated expertise in pharmacoeconomics, pharmacology, health policy, health services research, medicine, or a related field or discipline. The board may employ or contract for professional and technical assistance as the board deems necessary to perform the board's duties.

(b) The attorney general shall provide legal services to the board.

Subd. 6. **Compensation.** The board members shall not receive compensation but may receive reimbursement for expenses as authorized under section 15.059, subdivision 3.

Subd. 7. **Meetings.** (a) Meetings of the board are subject to chapter 13D. The board shall meet publicly at least every three months to review prescription drug product information submitted to the board under section 62J.90. If there are no pending submissions, the chair of the board may cancel or postpone the required meeting. The board may meet in closed session when reviewing proprietary information, as determined under the standards developed in accordance with section 62J.91, subdivision 4.

(b) The board shall announce each public meeting at least two weeks prior to the scheduled date of the meeting. Any materials for the meeting shall be made public at least one week prior to the scheduled date of the meeting.

(c) At each public meeting, the board shall provide the opportunity for comments from the public, including the opportunity for written comments to be submitted to the board prior to a decision by the board.

Sec. 6. **[62J.88] PRESCRIPTION DRUG AFFORDABILITY ADVISORY COUNCIL.**

Subdivision 1. **Establishment.** The governor shall appoint a 12-member stakeholder advisory council to provide advice to the board on drug cost issues and to represent stakeholders' views. The members of the advisory council shall be appointed based on the members' knowledge and demonstrated expertise in one or more of the following areas: the pharmaceutical business; practice of medicine; patient perspectives; health care cost trends and drivers; clinical and health services research; and the health care marketplace.

Subd. 2. **Membership.** The council's membership shall consist of the following:

- (1) two members representing patients and health care consumers;
- (2) two members representing health care providers;
- (3) one member representing health plan companies;
- (4) two members representing employers, with one member representing large employers and one member representing small employers;
- (5) one member representing government employee benefit plans;
- (6) one member representing pharmaceutical manufacturers;
- (7) one member who is a health services clinical researcher;
- (8) one member who is a pharmacologist; and
- (9) one member with expertise in health economics representing the commissioner of health.

Subd. 3. **Terms.** (a) The initial appointments to the advisory council shall be made by January 1, 2022. The initial appointed advisory council members shall serve staggered terms of two, three, or four years determined by lot by the secretary of state. Following the initial appointments, the advisory council members shall serve four-year terms.

(b) Removal and vacancies of advisory council members is governed by section 15.059.

Subd. 4. **Compensation.** Advisory council members may be compensated according to section 15.059.

Subd. 5. **Meetings.** Meetings of the advisory council are subject to chapter 13D. The advisory council shall meet publicly at least every three months to advise the board on drug cost issues related to the prescription drug product information submitted to the board under section 62J.90.

Subd. 6. **Exemption.** Notwithstanding section 15.059, the advisory council does not expire.

Sec. 7. **[62J.89] CONFLICTS OF INTEREST.**

Subdivision 1. **Definition.** For purposes of this section, "conflict of interest" means a financial or personal association that has the potential to bias or have the appearance of biasing a person's decisions in matters related to the board, the advisory council, or in the conduct of the board's or council's activities. A conflict of interest includes any instance in which a person, a person's immediate family member, including a spouse, parent, child, or other legal dependent, or an in-law of any of the preceding individuals has received or could receive a direct or indirect financial benefit of any amount deriving from the result or findings of a decision or determination of the board. For purposes of this section, a financial benefit includes honoraria, fees, stock, the value of the member's, immediate family member's, or in-law's stock holdings, and any direct financial benefit deriving from the finding of a review conducted under sections 62J.85 to 62J.95. Ownership of securities is not a conflict of interest if the securities are: (1) part of a diversified mutual or exchange traded fund; or (2) in a tax-deferred or tax-exempt retirement account that is administered by an independent trustee.

Subd. 2. **General.** (a) Prior to the acceptance of an appointment or employment, or prior to entering into a contractual agreement, a board or advisory council member, board staff member, or third-party contractor must disclose to the appointing authority or the board any conflicts of interest. The information disclosed shall include the type, nature, and magnitude of the interests involved.

(b) A board member, board staff member, or third-party contractor with a conflict of interest with regard to any prescription drug product under review must recuse themselves from any discussion, review, decision, or determination made by the board relating to the prescription drug product.

(c) Any conflict of interest must be disclosed in advance of the first meeting after the conflict is identified or within five days after the conflict is identified, whichever is earlier.

Subd. 3. **Prohibitions.** Board members, board staff, or third-party contractors are prohibited from accepting gifts, bequeaths, or donations of services or property that raise the specter of a conflict of interest or have the appearance of injecting bias into the activities of the board.

Sec. 8. **[62J.90] PRESCRIPTION DRUG PRICE INFORMATION; DECISION TO CONDUCT COST REVIEW.**

Subdivision 1. **Drug price information from the commissioner of health and other sources.** (a) The commissioner of health shall provide to the board the information reported to the commissioner by drug manufacturers under section 62J.84, subdivisions 3, 4, and 5. The

commissioner shall provide this information to the board within 30 days of the date the information is received from drug manufacturers.

(b) The board shall subscribe to one or more prescription drug pricing files, such as Medispan or FirstDatabank, or as otherwise determined by the board.

Subd. 2. **Identification of certain prescription drug products.** (a) The board, in consultation with the advisory council, shall identify the following prescription drug products:

(1) brand name drugs or biologics for which the WAC increases by more than ten percent or by more than \$10,000 during any 12-month period or course of treatment if less than 12 months, after adjusting for changes in the Consumer Price Index (CPI);

(2) brand name drugs or biologics that have been introduced at a WAC of \$30,000 or more per calendar year or per course of treatment;

(3) biosimilar drugs that have been introduced at a WAC that is not at least 15 percent lower than the referenced brand name biologic at the time the biosimilar is introduced; and

(4) generic drugs for which the WAC:

(i) is \$100 or more, after adjusting for changes in the Consumer Price Index (CPI), for:

(A) a 30-day supply lasting a patient for a period of 30 consecutive days based on the recommended dosage approved for labeling by the United States Food and Drug Administration (FDA);

(B) a supply lasting a patient for fewer than 30 days based on recommended dosage approved for labeling by the FDA; or

(C) one unit of the drug if the labeling approved by the FDA does not recommend a finite dosage; and

(ii) is increased by 200 percent or more during the immediate preceding 12-month period, as determined by the difference between the resulting WAC and the average of the WAC reported over the preceding 12 months, after adjusting for changes in the Consumer Price Index (CPI).

(b) The board, in consultation with the advisory council, shall identify prescription drug products not described in paragraph (a) that may impose costs that create significant affordability challenges for the state health care system or for patients, including but not limited to drugs to address public health emergencies.

(c) The board shall make available to the public the names and related price information of the prescription drug products identified under this subdivision, with the exception of information determined by the board to be proprietary under the standards developed by the board under section 62J.91, subdivision 4.

Subd. 3. **Determination to proceed with review.** (a) The board may initiate a cost review of a prescription drug product identified by the board under this section.

(b) The board shall consider requests by the public for the board to proceed with a cost review of any prescription drug product identified under this section.

(c) If there is no consensus among the members of the board with respect to whether or not to initiate a cost review of a prescription drug product, any member of the board may request a vote to determine whether or not to review the cost of the prescription drug product.

Sec. 9. [62J.91] PRESCRIPTION DRUG PRODUCT REVIEWS.

Subdivision 1. **General.** Once a decision by the board has been made to proceed with a cost review of a prescription drug product, the board shall conduct the review and make a determination as to whether appropriate utilization of the prescription drug under review, based on utilization that is consistent with the United States Food and Drug Administration (FDA) label or standard medical practice, has led or will lead to affordability challenges for the state health care system or for patients.

Subd. 2. **Review considerations.** In reviewing the cost of a prescription drug product, the board may consider the following factors:

(1) the price at which the prescription drug product has been and will be sold in the state;

(2) the average monetary price concession, discount, or rebate the manufacturer provides to a group purchaser in this state as reported by the manufacturer and the group purchaser expressed as a percent of the WAC for prescription drug product under review;

(3) the price at which therapeutic alternatives have been or will be sold in the state;

(4) the average monetary price concession, discount, or rebate the manufacturer provides or is expected to provide to a group purchaser in the state or is expected to provide to group purchasers in the state for therapeutic alternatives;

(5) the cost to group purchasers based on patient access consistent with the United States Food and Drug Administration (FDA) labeled indications;

(6) the impact on patient access resulting from the cost of the prescription drug product relative to insurance benefit design;

(7) the current or expected dollar value of drug-specific patient access programs that are supported by manufacturers;

(8) the relative financial impacts to health, medical, or other social services costs that can be quantified and compared to baseline effects of existing therapeutic alternatives;

(9) the average patient co-pay or other cost-sharing for the prescription drug product in the state;

(10) any information a manufacturer chooses to provide; and

(11) any other factors as determined by the board.

Subd. 3. **Further review factors.** If, after considering the factors described in subdivision 2, the board is unable to determine whether a prescription drug product will produce or has produced an affordability challenge, the board may consider:

(1) manufacturer research and development costs, as indicated on the manufacturer's federal tax filing for the most recent tax year in proportion to the manufacturer's sales in the state;

(2) that portion of direct-to-consumer marketing costs eligible for favorable federal tax treatment in the most recent tax year that are specific to the prescription drug product under review and that are multiplied by the ratio of total manufacturer in-state sales to total manufacturer sales in the United States for the product under review;

(3) gross and net manufacturer revenues for the most recent tax year;

(4) any information and research related to the manufacturer's selection of the introductory price or price increase, including but not limited to:

(i) life cycle management;

(ii) market competition and context; and

(iii) projected revenue; and

(5) any additional factors determined by the board to be relevant.

Subd. 4. **Public data; proprietary information.** (a) Any submission made to the board related to a drug cost review shall be made available to the public, with the exception of information determined by the board to be proprietary.

(b) The board shall establish the standards for the information to be considered proprietary under paragraph (a) and section 62J.90, subdivision 2, including standards for heightened consideration of proprietary information for submissions for a cost review of a drug that is not yet approved by the FDA.

(c) Prior to the board establishing the standards under paragraph (b), the public shall be provided notice and the opportunity to submit comments.

Sec. 10. **[62J.92] DETERMINATIONS; COMPLIANCE; REMEDIES.**

Subdivision 1. **Upper payment limit.** (a) In the event the board finds that the spending on a prescription drug product reviewed under section 62J.91 creates an affordability challenge for the state health care system or for patients, the board shall establish an upper payment limit after considering:

(1) the cost to administer the drug;

(2) the cost to deliver the drug to consumers;

(3) the range of prices at which the drug is sold in the United States according to one or more pricing files accessed under section 62J.90, subdivision 1, and the range at which pharmacies are reimbursed in Canada; and

(4) any other relevant pricing and administrative cost information for the drug.

(b) The upper payment limit shall apply to all public and private purchases, payments, and payer reimbursements for the prescription drug product that is intended for individuals in the state in person, by mail, or by other means.

Subd. 2. **Noncompliance.** (a) The failure of an entity to comply with an upper payment limit established by the board under this section shall be referred to the Office of the Attorney General.

(b) If the Office of the Attorney General finds that an entity was noncompliant with the upper payment limit requirements, the attorney general may pursue remedies consistent with chapter 8 or appropriate criminal charges if there is evidence of intentional profiteering.

(c) An entity who obtains price concessions from a drug manufacturer that result in a lower net cost to the stakeholder than the upper payment limit established by the board shall not be considered to be in noncompliance.

(d) The Office of the Attorney General may provide guidance to stakeholders concerning activities that could be considered noncompliant.

Subd. 3. **Appeals.** (a) A person affected by a decision of the board may request an appeal of the board's decision within 30 days of the date of the decision. The board shall hear the appeal and render a decision within 60 days of the hearing.

(b) All appeal decisions are subject to judicial review in accordance with chapter 14.

Sec. 11. [62J.93] REPORTS.

Beginning March 1, 2022, and each March 1 thereafter, the board shall submit a report to the governor and legislature on general price trends for prescription drug products and the number of prescription drug products that were subject to the board's cost review and analysis, including the result of any analysis as well as the number and disposition of appeals and judicial reviews.

Sec. 12. [62J.94] ERISA PLANS AND MEDICARE DRUG PLANS.

(a) Nothing in sections 62J.85 to 62J.95 shall be construed to require ERISA plans or Medicare Part D plans to comply with decisions of the board, but are free to choose to exceed the upper payment limit established by the board under section 62J.92.

(b) Providers who dispense and administer drugs in the state must bill all payers no more than the upper payment limit without regard to whether or not an ERISA plan or Medicare Part D plan chooses to reimburse the provider in an amount greater than the upper payment limit established by the board.

(c) For purposes of this section, an ERISA plan or group health plan is an employee welfare benefit plan established by or maintained by an employer or an employee organization, or both, that

provides employer sponsored health coverage to employees and the employee's dependents and is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Sec. 13. **[62J.95] SEVERABILITY.**

If any provision of sections 62J.85 to 62J.94 or the application of sections 62J.85 to 62J.94 to any person or circumstance is held invalid for any reason in a court of competent jurisdiction, the invalidity does not affect other provisions or any other application of sections 62J.85 to 62J.94 that can be given effect without the invalid provision or application."

Page 814, like 4, delete "6,108,426,000" and insert "6,107,911,000" and delete "6,494,258,000" and insert "6,493,210,000"

Page 831, after line 29, insert:

"Sec. 12. **COMMISSIONER OF COMMERCE** **\$** **197,000** **\$** **358,000**

Prescription Drug Affordability Board.

\$197,000 in fiscal year 2022 is for establishing the Prescription Drug Affordability Board under Minnesota Statutes, section 62J.87. Following the first meeting of the board and prior to June 30, 2022, the commissioner shall transfer any funds remaining from this appropriation to the board.

\$358,000 in fiscal year 2023 is for a transfer to the Prescription Drug Affordability Board established under Minnesota Statutes, section 62J.87, to implement the Prescription Drug Affordability Act.

Sec. 13. **OFFICE OF THE ATTORNEY GENERAL** **\$** **-0-** **\$** **456,000**

Prescription Drug Affordability Act Enforcement. \$456,000 in fiscal year 2023 is for enforcing the Prescription Drug Affordability Act."

Correct the subdivision and section totals and the appropriations by fund

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Benson questioned whether the amendment was germane.

The President ruled that the amendment was not germane.

Senator Franzen appealed the decision of the President.

The question was taken on "Shall the decision of the President be the judgment of the Senate?"

The roll was called, and there were yeas 36 and nays 31, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Jasinski	Nelson	Tomassoni
Anderson	Duckworth	Johnson	Newman	Utke
Bakk	Eichorn	Kiffmeyer	Osmek	Weber
Benson	Gazelka	Koran	Pratt	Westrom
Chamberlain	Goggin	Lang	Rarick	
Coleman	Housley	Limmer	Rosen	
Dahms	Howe	Mathews	Ruud	
Dornink	Ingebrigtsen	Miller	Senjem	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Abeler, Coleman, Dahms, Duckworth, Goggin, Housley, Howe, Ingebrigtsen, Lang, Limmer, Mathews, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Those who voted in the negative were:

Bigham	Eaton	Isaacson	McEwen	Torres Ray
Carlson	Eken	Johnson Stewart	Murphy	Wiger
Champion	Fateh	Kent	Newton	Wiklund
Clausen	Franzen	Klein	Pappas	
Cwodzinski	Frentz	Kunesh	Port	
Dibble	Hawj	Latz	Putnam	
Dziedzic	Hoffman	Marty	Rest	

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senators: Carlson, Champion, Clausen, Eaton, Fateh, Hawj, Isaacson, Kunesh, Latz, Newton, Putnam, Rest, and Torres Ray.

So the decision of the President was sustained.

Senator Franzen moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 126, after line 3, insert:

"Sec. 2. [62Q.83] PRESCRIPTION DRUG BENEFIT TRANSPARENCY AND MANAGEMENT.

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

(b) "Drug" has the meaning given in section 151.01, subdivision 5.

(c) "Enrollee contract term" means the 12-month term during which benefits associated with health plan company products are in effect.

(d) "Formulary" means a list of prescription drugs that have been developed by clinical and pharmacy experts and represents the health plan company's medically appropriate and cost-effective prescription drugs approved for use.

(e) "Health plan company" has the meaning given in section 62Q.01, subdivision 4, and includes an entity that performs pharmacy benefits management for the health plan company.

(f) "Pharmacy benefits management" means the administration or management of prescription drug benefits provided by the health plan company for the benefit of its enrollees and may include but is not limited to procurement of prescription drugs, clinical formulary development and management services, claims processing, and rebate contracting and administration.

(g) "Prescription" has the meaning given in section 151.01, subdivision 16a.

Subd. 2. **Prescription drug benefit disclosure.** (a) A health plan company that provides prescription drug benefit coverage and uses a formulary must make its formulary and related benefit information available by electronic means and, upon request, in writing at least 30 days prior to annual renewal dates.

(b) Formularies must be organized and disclosed consistent with the most recent version of the United States Pharmacopeia's Model Guidelines.

(c) For each item or category of items on the formulary, the specific enrollee benefit terms must be identified, including enrollee cost-sharing and expected out-of-pocket costs.

Subd. 3. **Formulary changes.** (a) Once a formulary has been established, a health plan company may, at any time during the enrollee's contract term:

(1) expand its formulary by adding drugs to the formulary;

(2) reduce co-payments or coinsurance; or

(3) move a drug to a benefit category that reduces an enrollee's cost.

(b) A health plan company may remove a brand name drug from its formulary or place a brand name drug in a benefit category that increases an enrollee's cost only upon the addition to the formulary of a generic or multisource brand name drug rated as therapeutically equivalent according to the Food and Drug Administration (FDA) Orange Book or a biologic drug rated as interchangeable according to the FDA Purple Book at a lower cost to the enrollee and upon at least a 60-day notice to prescribers, pharmacists, and affected enrollees.

(c) A health plan company may change utilization review requirements or move drugs to a benefit category that increases an enrollee's cost during the enrollee's contract term upon at least a 60-day notice to prescribers, pharmacists, and affected enrollees, provided that these changes do not apply to enrollees who are currently taking the drugs affected by these changes for the duration of the enrollee's contract term.

(d) A health plan company may remove any drugs from its formulary that have been deemed unsafe by the FDA; that have been withdrawn by either the FDA or the product manufacturer; or

when an independent source of research, clinical guidelines, or evidence-based standards has issued drug-specific warnings or recommended changes in drug usage.

Subd. 4. **Exclusion.** This section does not apply to health coverage provided through the State Employee Group Insurance Plan (SEGIP) under chapter 43A, or through medical assistance or MinnesotaCare under chapter 256B or 256L."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Benson moved to amend the Franzen amendment to H.F. No. 2128 as follows:

Page 2, delete subdivision 4

The question was taken on the adoption of the Benson amendment to the Franzen amendment.

The roll was called, and there were yeas 36 and nays 31, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Jasinski	Nelson	Tomassoni
Anderson	Duckworth	Johnson	Newman	Utke
Bakk	Eichorn	Kiffmeyer	Osmek	Weber
Benson	Gazelka	Koran	Pratt	Westrom
Chamberlain	Goggin	Lang	Rarick	
Coleman	Housley	Limmer	Rosen	
Dahms	Howe	Mathews	Ruud	
Dornink	Ingebrigtsen	Miller	Senjem	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Abeler, Coleman, Dahms, Duckworth, Goggin, Housley, Howe, Ingebrigtsen, Lang, Limmer, Mathews, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Those who voted in the negative were:

Bigham	Eaton	Isaacson	McEwen	Torres Ray
Carlson	Eken	Johnson Stewart	Murphy	Wiger
Champion	Fateh	Kent	Newton	Wiklund
Clausen	Franzen	Klein	Pappas	
Cwodzinski	Frentz	Kunesh	Port	
Dibble	Hawj	Latz	Putnam	
Dziedzic	Hoffman	Marty	Rest	

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senators: Carlson, Champion, Clausen, Eaton, Fateh, Hawj, Isaacson, Kunesh, Latz, McEwen, Newton, Putnam, Rest, and Torres Ray.

The motion prevailed. So the amendment to the amendment was adopted.

Pursuant to Rule 7.4, Senator Benson questioned whether the Franzen amendment, as amended, was in order. The President ruled the amendment was out of order.

Senator Marty moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 36, delete section 29

Page 46, delete section 37

Page 105, after line 22, insert:

"Sec. 35. **BENEFIT AND COST ANALYSIS OF A UNIVERSAL HEALTH REFORM PROPOSAL.**

Subdivision 1. **Contract for analysis of proposal.** The commissioner of health shall contract with the University of Minnesota School of Public Health and the Carlson School of Management to conduct an analysis of the benefits and costs of a legislative proposal for a universal health care financing system and a similar analysis of the current health care financing system to assist the state in comparing the proposal to the current system.

Subd. 2. **Proposal.** The commissioner of health, with input from the commissioners of human services and commerce, shall submit to the University of Minnesota for analysis a legislative proposal known as the Minnesota Health Plan that would offer a universal health care plan designed to meet the following principles:

(1) ensure all Minnesotans are covered;

(2) cover all necessary care, including dental, vision and hearing, mental health, chemical dependency treatment, prescription drugs, medical equipment and supplies, long-term care, and home care; and

(3) allow patients to choose their doctors, hospitals, and other providers.

Subd. 3. **Proposal analysis.** (a) The analysis must measure the performance of both the Minnesota Health Plan and the current health care financing system over a ten-year period to contrast the impact on:

(1) the number of people covered versus the number of people who continue to lack access to health care because of financial or other barriers, if any;

(2) the completeness of the coverage and the number of people lacking coverage for dental, long-term care, medical equipment or supplies, vision and hearing, or other health services that are not covered, if any;

(3) the adequacy of the coverage, the level of underinsured in the state, and whether people with coverage can afford the care they need or whether cost prevents them from accessing care;

(4) the timeliness and appropriateness of the care received and whether people turn to inappropriate care such as emergency rooms because of a lack of proper care in accordance with clinical guidelines; and

(5) total public and private health care spending in Minnesota under the current system versus under the legislative proposal, including all spending by individuals, businesses, and government.

"Total public and private health care spending" means spending on all medical care including but not limited to dental, vision and hearing, mental health, chemical dependency treatment, prescription drugs, medical equipment and supplies, long-term care, and home care, whether paid through premiums, co-pays and deductibles, other out-of-pocket payments, or other funding from government, employers, or other sources. Total public and private health care spending also includes the costs associated with administering, delivering, and paying for the care. The costs of administering, delivering, and paying for the care includes all expenses by insurers, providers, employers, individuals, and government to select, negotiate, purchase, and administer insurance and care including but not limited to coverage for health care, dental, long-term care, prescription drugs, medical expense portions of workers compensation and automobile insurance, and the cost of administering and paying for all health care products and services that are not covered by insurance. The analysis of total health care spending shall examine whether there are savings or additional costs under the legislative proposal compared to the existing system due to:

(i) reduced insurance, billing, underwriting, marketing, evaluation, and other administrative functions including savings from global budgeting for hospitals and institutional care instead of billing for individual services provided;

(ii) reduced prices on medical services and products including pharmaceuticals due to price negotiations, if applicable under the proposal;

(iii) changes in utilization, better health outcomes, and reduced time away from work due to prevention, early intervention, health-promoting activities, and to the extent possible given available data and resources;

(iv) shortages or excess capacity of medical facilities and equipment under either the current system or the proposal;

(v) the impact on state, local, and federal government non-health-care expenditures such as reduced crime and out-of-home placement costs due to mental health or chemical dependency coverage; and

(vi) job losses or gains in health care delivery, health billing and insurance administration, and elsewhere in the economy under the proposal due to implementation of the reforms and the resulting reduction of insurance and administrative burdens on businesses.

(b) The analysts may consult with authors of the legislative proposal to gain understanding or clarification of the specifics of the proposal. The analysis shall assume that the provisions in the proposal are not preempted by federal law or that the federal government gives a waiver to the preemptions.

(c) The commissioner shall issue a final report by January 15, 2023, and may provide interim reports and status updates to the governor and the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance."

Page 814, like 4, delete "6,108,426,000" and insert "6,107,911,000" and delete "6,494,258,000" and insert "6,493,210,000"

Page 823, line 18, delete "99,644,000" and insert "100,144,000"

Page 825, after line 25, insert:

"(f) Benefit and Cost Analysis of A Universal Health Reform Proposal. \$500,000 in fiscal year 2022 from the general fund is for a contract with the University of Minnesota to conduct an economic analysis of benefits and costs of the health care system proposal."

Correct the subdivision and section totals and the appropriations by fund

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

President Miller called Senator Johnson to preside.

The question was taken on the adoption of the amendment.

The roll was called, and there were yeas 32 and nays 35, as follows:

Those who voted in the affirmative were:

Bigham	Eaton	Isaacson	McEwen	Tomassoni
Carlson	Eken	Johnson Stewart	Murphy	Torres Ray
Champion	Fateh	Kent	Newton	Wiger
Clausen	Franzen	Klein	Pappas	Wiklund
Cwodzinski	Frentz	Kunesh	Port	
Dibble	Hawj	Latz	Putnam	
Dziedzic	Hoffman	Marty	Rest	

Pursuant to Rule 40, Senator Frentz cast the affirmative vote on behalf of the following Senators: Carlson, Champion, Clausen, Eaton, Fateh, Hawj, Isaacson, Latz, McEwen, Newton, Port, Putnam, Rest, and Torres Ray.

Those who voted in the negative were:

Abeler	Dornink	Howe	Limmer	Rarick
Anderson	Draheim	Ingebrigtsen	Mathews	Rosen
Bakk	Duckworth	Jasinski	Miller	Ruud
Benson	Eichorn	Johnson	Nelson	Senjem
Chamberlain	Gazelka	Kiffmeyer	Newman	Utke
Coleman	Goggin	Koran	Osmek	Weber
Dahms	Housley	Lang	Pratt	Westrom

Pursuant to Rule 40, Senator Jasinski cast the negative vote on behalf of the following Senators: Abeler, Coleman, Dahms, Draheim, Duckworth, Goggin, Housley, Howe, Ingebrigtsen, Lang, Limmer, Mathews, Nelson, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Tomassoni cast the negative vote on behalf of the following Senator: Bakk.

The motion did not prevail. So the amendment was not adopted.

President Miller resumed the Chair.

Senator Dibble moved to amend H.F. No. 2128, as amended pursuant to Rule 45, adopted by the Senate April 28, 2021, as follows:

(The text of the amended House File is identical to S.F. No. 2360.)

Page 786, after line 15, insert:

"Sec. 3. **[214.078] PROTECTION FROM CONVERSION THERAPY.**

Subdivision 1. **Definition.** "Conversion therapy" means any practice by a mental health practitioner or mental health professional as defined in sections 245.462, subdivision 17, and 245.4871, subdivision 27, that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. Conversion therapy does not include counseling that provides assistance to an individual undergoing gender transition, or counseling that provides acceptance, support, and understanding of an individual or facilitates an individual's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as the counseling does not seek to change an individual's sexual orientation or gender identity.

Subd. 2. **Prohibition.** (a) No mental health practitioner or mental health professional shall engage in conversion therapy with a client younger than 18 years of age or with a vulnerable adult as defined in section 626.5572, subdivision 21.

(b) Conversion therapy attempted by a mental health practitioner or mental health professional with a client younger than 18 years of age or with a vulnerable adult shall be considered unprofessional conduct that may subject the mental health practitioner or mental health professional to disciplinary action by the licensing board of the mental health practitioner or mental health professional.

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

Sec. 4. Minnesota Statutes 2020, section 256B.0625, is amended by adding a subdivision to read:

Subd. 5n. **Conversion therapy.** Conversion therapy, as defined in section 214.078, is not covered."

Page 787, after line 11, insert:

"Sec. 6. Minnesota Statutes 2020, section 325F.69, is amended by adding a subdivision to read:

Subd. 7. **Advertisement and sales; misrepresentation of conversion therapy.** (a) For purposes of this subdivision, "conversion therapy" means services or products that are intended to change an individual's sexual orientation or gender identity, including efforts to change behaviors and gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender.

(b) No person or entity shall, while conducting any trade or commerce, use or employ any fraud, false pretense, false promise, false guarantee, misrepresentation, false or misleading statements, or deceptive practice by advertising or otherwise offering conversion therapy services that could reasonably be interpreted or inferred as representing homosexuality as a mental disease, disorder, or illness, or guaranteeing to change an individual's sexual orientation or gender identity."

Renumber the sections in sequence and correct the internal references

Amend the title accordingly

Senator Benson questioned whether the amendment was germane.

The President ruled that the amendment was not germane.

Senator Dibble appealed the decision of the President.

The question was taken on "Shall the decision of the President be the judgment of the Senate?"

The roll was called, and there were yeas 36 and nays 31, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Jasinski	Nelson	Tomassoni
Anderson	Duckworth	Johnson	Newman	Utke
Bakk	Eichorn	Kiffmeyer	Osmek	Weber
Benson	Gazelka	Koran	Pratt	Westrom
Chamberlain	Goggin	Lang	Rarick	
Coleman	Housley	Limmer	Rosen	
Dahms	Howe	Mathews	Ruud	
Dornink	Ingebrigtsen	Miller	Senjem	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Abeler, Coleman, Dahms, Draheim, Duckworth, Goggin, Housley, Howe, Ingebrigtsen, Kiffmeyer, Lang, Limmer, Mathews, Nelson, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Tomassoni cast the affirmative vote on behalf of the following Senator: Bakk.

Those who voted in the negative were:

Bigham	Eaton	Isaacson	McEwen	Torres Ray
Carlson	Eken	Johnson Stewart	Murphy	Wiger
Champion	Fateh	Kent	Newton	Wiklund
Clausen	Franzen	Klein	Pappas	
Cwodzinski	Frentz	Kunesh	Port	
Dibble	Hawj	Latz	Putnam	
Dziedzic	Hoffman	Marty	Rest	

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senators: Carlson, Champion, Clausen, Eaton, Fateh, Hawj, Isaacson, Latz, McEwen, Newton, Port, Putnam, Rest, and Torres Ray.

So the decision of the President was sustained.

H.F. No. 2128 was read the third time, as amended, and placed on its final passage.

The question was taken on the passage of the bill, as amended.

The roll was called, and there were yeas 39 and nays 28, as follows:

Those who voted in the affirmative were:

Abeler	Draheim	Howe	Mathews	Ruud
Anderson	Duckworth	Ingebrigtsen	Miller	Senjem
Bakk	Eichorn	Jasinski	Nelson	Tomassoni
Benson	Eken	Johnson	Newman	Utke
Chamberlain	Gazelka	Kiffmeyer	Osmek	Weber
Coleman	Goggin	Koran	Pratt	Westrom
Dahms	Hoffman	Lang	Rarick	Wiklund
Dornink	Housley	Limmer	Rosen	

Pursuant to Rule 40, Senator Jasinski cast the affirmative vote on behalf of the following Senators: Abeler, Coleman, Dahms, Draheim, Duckworth, Goggin, Housley, Howe, Ingebrigtsen, Kiffmeyer, Lang, Limmer, Mathews, Nelson, Newman, Osmek, Rarick, Senjem, Weber, and Westrom.

Pursuant to Rule 40, Senator Tomassoni cast the affirmative vote on behalf of the following Senator: Bakk.

Those who voted in the negative were:

Bigham	Dziedzic	Isaacson	Marty	Putnam
Carlson	Eaton	Johnson Stewart	McEwen	Rest
Champion	Fateh	Kent	Murphy	Torres Ray
Clausen	Franzen	Klein	Newton	Wiger
Cwodzinski	Frentz	Kunesh	Pappas	
Dibble	Hawj	Latz	Port	

Pursuant to Rule 40, Senator Frentz cast the negative vote on behalf of the following Senators: Carlson, Champion, Clausen, Eaton, Fateh, Hawj, Isaacson, Latz, McEwen, Newton, Port, Putnam, Rest, and Torres Ray.

So the bill, as amended, was passed and its title was agreed to.

MOTIONS AND RESOLUTIONS - CONTINUED

Without objection, remaining on the Order of Business of Motions and Resolutions, the Senate reverted to the Order of Business of Messages From the House.

MESSAGES FROM THE HOUSE

Mr. President:

I have the honor to announce that the House refuses to concur in the Senate amendments to House File No. 991:

H.F. No. 991: A bill for an act relating to financing and operation of state and local government; providing conformity and nonconformity to certain federal tax law changes; modifying individual income and corporate franchise taxes, sales and use taxes, partnership taxes, special and excise taxes, property taxes, local government aids, provisions related to local taxes, tax increment financing, public finance, and other miscellaneous taxes and tax provisions; providing for various individual

and corporate additions and subtractions to income; modifying certain income tax credits and authorizing new credits; providing for a pass-through entity tax; modifying definitions for resident trusts; modifying existing and providing new sales tax exemptions; modifying vapor and tobacco tax provisions; modifying and providing certain property tax exemptions; modifying property classification provisions; allowing for certain special assessments; modifying local government aid appropriations; modifying existing local taxes and authorizing new local taxes; modifying property tax homeowners' and renters' refunds; authorizing and modifying certain tax increment financing provisions; providing for a tax expenditure review commission and the required expiration of tax expenditures; making appointments; requiring reports; appropriating money; amending Minnesota Statutes 2020, sections 3.192; 3.8853, subdivision 2; 16A.152, subdivision 2; 41B.0391, subdivisions 2, 4; 116J.8737, subdivisions 5, 12; 270.41, subdivision 3a; 270.44; 270A.03, subdivision 2; 270B.12, subdivisions 8, 9; 270B.14, by adding a subdivision; 270C.11, subdivisions 2, 4, 6; 270C.13, subdivision 1; 270C.22, subdivision 1; 270C.445, subdivisions 3, 6; 272.02, by adding a subdivision; 272.029, subdivision 2; 272.0295, subdivisions 2, 5; 272.115, subdivision 1; 273.063; 273.0755; 273.124, subdivisions 1, 3a, 6, 9, 13, 13a, 13c, 13d, 14; 273.1245, subdivision 1; 273.13, subdivisions 23, 25, 34; 273.1315, subdivision 2; 273.18; 275.025, subdivisions 1, 2; 275.065, subdivisions 1, 3, by adding subdivisions; 275.066; 287.04; 289A.02, subdivision 7; 289A.08, subdivisions 7, 11, by adding subdivisions; 289A.09, subdivision 2; 289A.20, subdivision 4; 289A.31, subdivision 1; 289A.37, subdivision 2; 289A.38, subdivisions 7, 8, 9, 10; 289A.42; 289A.60, subdivisions 15, 24; 290.01, subdivisions 19, 31, by adding a subdivision; 290.0121, subdivision 3; 290.0122, subdivisions 4, 8; 290.0131, by adding subdivisions; 290.0132, subdivision 27, by adding subdivisions; 290.0133, subdivision 6, by adding subdivisions; 290.0134, subdivision 18, by adding a subdivision; 290.06, subdivisions 2c, 2d, 22, by adding subdivisions; 290.0671, subdivisions 1, 1a, 7; 290.0674, subdivision 2a; 290.0681, subdivision 10; 290.0682; 290.0685, subdivision 1, by adding a subdivision; 290.091, subdivision 2; 290.17, by adding subdivisions; 290.21, subdivision 9, by adding a subdivision; 290.31, subdivision 1; 290.92, subdivisions 1, 2a, 3, 4b, 4c, 5, 5a, 19, 20; 290.923, subdivision 9; 290.993; 290A.03, subdivisions 3, 15; 290A.04, subdivisions 2, 2a; 290A.25; 291.005, subdivision 1; 295.75, subdivision 2; 296A.06, subdivision 2; 297A.66, subdivision 3; 297A.67, by adding a subdivision; 297A.70, subdivision 13, by adding a subdivision; 297A.71, subdivision 52, by adding a subdivision; 297A.75, subdivisions 1, 2, 3; 297A.993, subdivision 2; 297E.021, subdivision 4; 297F.01, subdivisions 19, 22b, 23, by adding subdivisions; 297F.031; 297F.04, subdivision 2; 297F.05, by adding a subdivision; 297F.09, subdivisions 3, 4a, 7, 10; 297F.10, subdivision 1; 297F.13, subdivision 4; 297F.17, subdivisions 1, 6; 297G.09, subdivision 9; 297G.16, subdivision 7; 297H.04, subdivision 2; 297H.05; 297I.05, subdivision 7; 297I.20, by adding a subdivision; 298.001, by adding a subdivision; 298.24, subdivision 1; 298.405, subdivision 1; 325F.781, subdivisions 1, 5, 6; 429.021, subdivision 1; 429.031, subdivision 3; 453A.04, subdivision 21, by adding a subdivision; 462A.38; 465.71; 469.176, by adding a subdivision; 469.1763, subdivisions 2, 3, 4; 469.319, subdivision 4; 475.56; 475.58, subdivision 3b; 475.60, subdivision 1; 475.67, subdivision 8; 477A.013, subdivision 13; 477A.03, subdivisions 2a, 2b; 477A.10; 609B.153; Laws 2009, chapter 88, article 2, section 46, subdivision 3, as amended; Laws 2017, First Special Session chapter 1, article 3, section 32, as amended; Laws 2019, First Special Session chapter 6, article 6, sections 25; 27; proposing coding for new law in Minnesota Statutes, chapters 3; 16A; 116U; 289A; 477A; proposing coding for new law as Minnesota Statutes, chapters 299O; 428B; repealing Minnesota Statutes 2020, sections 270C.17, subdivision 2; 290.01, subdivisions 7b, 19i; 290.0131, subdivision 18; 327C.01, subdivision 13; 327C.16; 469.055, subdivision 7.

The House respectfully requests that a Conference Committee of 5 members be appointed thereon.

Marquart, Youakim, Her, Lislegard and Davids have been appointed as such committee on the part of the House.

House File No. 991 is herewith transmitted to the Senate with the request that the Senate appoint a like committee.

Patrick D. Murphy, Chief Clerk, House of Representatives

Transmitted April 29, 2021

Senator Gazelka, for Senator Nelson, moved that the Senate accede to the request of the House for a Conference Committee on H.F. No. 991, and that a Conference Committee of 5 members be appointed by the Subcommittee on Conference Committees on the part of the Senate, to act with a like Conference Committee appointed on the part of the House. The motion prevailed.

RECESS

Senator Gazelka moved that the Senate do now recess subject to the call of the President. The motion prevailed.

After a brief recess, the President called the Senate to order.

APPOINTMENTS

Senator Gazelka from the Subcommittee on Conference Committees recommends that the following Senators be and they hereby are appointed as a Conference Committee on:

H.F. No. 991: Senators Nelson, Weber, Miller, Bakk, and Rest.

Senator Gazelka moved that the foregoing appointments be approved. The motion prevailed.

MEMBERS EXCUSED

Senator Clausen was excused from the Session of today from 1:00 to 4:00 p.m. Senator Rest was excused from the Session of today from 3:50 to 4:00 p.m.

ADJOURNMENT

Senator Gazelka moved that the Senate do now adjourn until 10:00 a.m., Monday, May 3, 2021. The motion prevailed.

Cal R. Ludeman, Secretary of the Senate

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