

Legislative Update for the Week of March 31, 2025

Tom Lehman

Quote of the Week: “I’m sorry you’re disappointed in how lawyerly my last answer was. You may be disappointed in this response as well!” Agency head responding to a legislator’s question in committee.

Bill of the Week: [S.F. No. 3195](#): A bill for an act relating to game and fish; lowering the minimum age to take big game from ten to eight years of age.

Big Picture Issues



Governor Tim Walz

Federal Budget Cuts Threaten State Agencies

Governor Walz on Thursday told state agencies to start planning to respond to a loss of all federal grant funds. Earlier this week Department of Health laid off 170 employees and withdrew job offers for nearly 20 others. The jobs were connected to more than \$220 million in federal grants that were canceled by the Trump administration. An additional 300 Health staffers are at risk of having their jobs eliminated. Just over a third of Minnesota’s budget comes from Washington. According to Minnesota Management and Budget (MMB), Minnesota is expected to get \$22 billion in federal loans and grants this year, or roughly \$1.8 billion per month. That includes nearly 1,000 different grants for everything from health care coverage and Head Start to funding related to the opioid epidemic. The biggest chunk of federal money to the state goes to the Department of Human Services, which will get \$16 billion this year. That includes \$11 billion for Medicaid, which provides health care coverage and services to more than 1 million Minnesotans. The second largest pot of funds, roughly \$3 billion, goes to the state’s Department

of Transportation for infrastructure projects. About 10% of education funds -- \$1.4 billion -- come from Washington. Legislators face a big challenge to create a balanced two-year budget by May 19 when the federal government is not expected to complete action on next year's budget until Fall.



Legislature Reaches Committee Deadline

April 4 marks the 1st and 2nd Committee Deadline, the date by which a bill has to be passed by all relevant policy committees in both bodies. So far this session there have been 3,115 bills introduced in the House and 3,289 bills introduced in the Senate. Most will die at the close of business today. Committees will be focusing next week on compiling their budget bills. Next Friday, April 11, is the 3rd Committee Deadline, the date by which finance committees must complete their markups of finance bills and report them out of committee. This will be very difficult for the health and human services committees, who have been ordered to make major spending cuts. An added complication in the House is that committee co-chairs must work together to agree on their budget bills. Given the different spending and policy priorities of the two caucuses, the final House budget bills will reflect big compromises on both sides, neither of which will be happy with the final product.

Health Care Issues



PrairieCare CEO Todd Archbold testifies on H.F. 671

Mental Health Provider Increases and Nursing Home Standards Board Heard

The House Human Services Finance and Policy Committee on Tuesday heard two bills of interest:

- [HF671](#) (Hicks, DFL-Rochester) provides a 50 percent rate increase for certain children's mental health services, appropriates money for various provisions related to children's mental health services, establishes a psychiatric residential treatment facility (PRTF) working group and modifies room and board rates for children's residential mental health treatment services. The bill was supported by mental health advocates and providers, hospitals and counties. The bill was laid over for possible inclusion in the omnibus human services bill.
- [HF2319](#) Agbaje (DFL-Minneapolis) makes increased wage standards for nursing home workers that were published in 2024, effective January 1, 2026, or upon federal approval, whichever is later, regardless of whether the Legislature has appropriated money. The new wage standards would require all nursing home workers to be paid a minimum of \$19 per hour, with an increase to \$20.50 per hour in 2007. Concerns were raised by Leading Age and CareProviders. The bill was laid over for possible inclusion in the omnibus human services bill.



Senate HHS Hears Bills

The Senate HHS Committee on Tuesday heard:

- [S.F. 0831](#) (Boldon, DFL-Rochester) provides a blank appropriation in fiscal year 2026 from the general fund to MDH for a grant to the MMA to conduct a "Treat Yourself First" campaign. The campaign must be an awareness and education campaign focused on burnout and well-being of health care workers designed to: (1) reduce the stigma of receiving mental health services; (2) encourage health care workers who are experiencing workplace-related fatigue to receive the care they need; and (3) normalize the process for seeking help. The campaign must be targeted to health care professionals. Senator Boldon described the high rates of depression and burnout among physicians, physician

associates, nurses, dentists, pharmacists and other providers. The bill was laid over for possible inclusion in the omnibus HHS bill.

- [S.F. 2109](#) (Pappas, DFL-St. Paul) increases the MA reimbursement rate for facility services provided by a birth center. The current rate is the lower of billed charges or 70 percent of the statewide average for a facility payment rate made to a hospital for an uncomplicated vaginal birth. This bill would increase the rate to 100 percent of that statewide average. S.F. 2109 similarly increases the reimbursement rate for facility services provided to a newborn by a birth center from 70 percent of the statewide average paid for a hospital providing nursery care to 100 percent of the average. The bill was laid over for possible inclusion in the omnibus HHS bill.
- [S.F. 1538](#) (Boldon, DFL-Rochester) requires the Commissioner of Health to collect certain data on epilepsy and related seizure disorders. The bill further requires the Commissioner to analyze the data in order to develop strategies in support of efforts to coordinate resources statewide to support people living with or at risk of developing epilepsy or related seizure disorders. The bill was laid over for possible inclusion in the omnibus HHS bill.



Joe Schindler from MHA testifies on hospital surcharge bill

Provider Payment Increase Bills Heard in Senate Taxes

The Senate Tax Committee on Tuesday considered two bills that seek to increase payments to providers. Both bills are expected to be in the mix in the final weeks of the session:

- [S.F. 2413](#) (Mann, DFL-Edina) would provide about \$1 billion in new MA payments to hospitals by placing an assessment on hospitals that would draw down new federal dollars. The bill was supported by MHA and member hospitals as well as the Minnesota Chamber of Commerce. The bill was approved and sent to the HHS Committee without recommendation.
- [S.F. 1402](#) (Wiklund, DFL-Bloomington) seeks to increase MA payment rates to providers through an assessment on managed care organizations. The bill had widespread support

from providers and faced concerns from the Minnesota Council of Health Plans. It was approved without recommendation and referred to the HHS Committee.

Reverse Auction Drug Purchasing Bill Heard in Senate State and Local

On Tuesday the Senate State and Local Government Committee heard [S.F. 3055](#) (Mann, DFL-Edina). The bill amends the prescription drug reverse auction law passed in 2021. It allows the Commissioner of Management and Budget to contract for prescription drug benefits and PBM services from separate or multiple vendors instead of a single vendor. It was supported by MMB, who testified that breaking the existing single contract into multiple pieces that multiple vendors could bid on could save more money. The bill was laid over for possible inclusion in the omnibus finance bill.



Senate HHS Hears Bills

On Wednesday the Senate HHS Committee heard multiple bills including:

- [S.F. 2743](#) (Utke, R-Park Rapids) extends current MA coverage for audio-only telehealth services. The bill was supported by MHA and MMA. An amendment to expand the bill to commercial insurers was adopted. The amended bill was laid over for possible inclusion in the omnibus HHS bill.
- [S.F. 2477](#) (Klein, DFL-Mendota Heights) provides new reporting requirements on 340B providers, drug companies and PBMs. The bill was approved and referred back to the Commerce Committee where it is expected to be included in the omnibus Commerce bill.
- [S.F. 1497](#) (Utke, R-Park Rapids) requires MA and MinnesotaCare to cover long-term ambulatory electrocardiogram monitoring services on and after January 1, 2026. The coverage required by this bill includes the provision of such devices as well as the interpretation of data gathered by them to detect heart arrhythmias. The reimbursement rate for such services must be at least 100 percent of the Medicare Physician Fee Schedule's rate. The bill was laid over for possible inclusion in the omnibus HHS finance bill.
- [S.F. 0595](#) (Lieske, R-Lonsdale) expands coverage of chiropractic and related services in the MA and MinnesotaCare programs. Existing law limits payment for chiropractic services to one annual evaluation and 24 visits per year unless prior authorization for

more visits is obtained. Covered services include manual spinal manipulation to treat subluxation, evaluation and management services, and x-rays necessary to support a subluxation diagnosis. This bill would require MA and MinnesotaCare to cover all chiropractic-related services recommended by a licensed chiropractor using generally accepted chiropractic standards of care. These services include, but are not limited to, manual therapy, spinal manipulation, therapeutic exercises, and x-rays. S.F. 595 retains the limit on the number of chiropractic visits without receiving prior authorization at 24 per year. The cost of the expanded benefits is \$8.4 million in FY26-27 and \$13.6 million in FY28-29. The bill was laid over for possible inclusion in the omnibus HHS finance bill.

- [S.F. 2037](#) (Boldon, DFL-Rochester) provides \$342,000 in each of the next two years for the Minnesota Rare Disease Advisory Council. The bill was laid over for possible inclusion in the omnibus HHS bill.

House Judiciary Looks at Medicaid Fraud Enforcement

[HF2354](#) (Norris, DFL-Blaine) expands the AG's ability to investigate MA fraud, give additional financial resources for new staff and increases penalties for those found guilty of MA fraud. Minnesota's AG staff charged with investigating and prosecuting Medicaid fraud is the smallest when compared to states with comparable Medicaid budgets. It currently has only 32 staff responsible for investigating fraud in Minnesota's \$19 billion Medicaid budget. The bill provides \$390,750 to hire 3 more fraud staff. The bill also expands the subpoena powers of the AG when investigating provider fraud. The bill was laid over for possible inclusion in the omnibus judiciary finance bill.



Goodhue County Commissioner Brad Anderson (left) testifies on CARMA with Rep. Jeff Backer and AMC lobbyist Matt Freeman.

House Health Moves Bills

The House Health Finance and Policy Committee met on Wednesday to consider multiple bills including:

- [HF2955](#) (Backer, R-Browns Valley) creates County-Administered Rural Medical Assistance (CARMA), which would be an updated version of county-based purchasing. The bill makes it clear that CARMA is a county-owned alternative to PMAP to address

the health care, public health and social service needs of enrollees. The Commissioner is directed to develop and implement a procurement process for issuing contracts to CARMA plans and effective 1/1/27 is directed to terminate contracts with PMAP plans in CARMA counties. Brad Anderson, Goodhue County Commissioner and South Country Health Alliance Board member, testified in support of the bill on behalf of the Minnesota Association of County Health Plans. The bill also received support from the Association of Minnesota Counties, AFSCME Council 65 and Caring Hands Dental Clinic. The Council of Health Plans expressed concern that the plan would reduce choices for rural MA enrollees. DHS testified that it has worked with county-based purchasing plans and AMC for two years on the bill and supports its intent. The bill was laid over for possible inclusion in the omnibus health bill. A pending DHS fiscal note will heavily influence whether the bill is included.

- [HF1935](#) (Backer, R-Browns Valley) requires MA and MinnesotaCare to cover long-term ambulatory electrocardiogram monitoring services on and after January 1, 2026. The coverage required by this bill includes the provision of such devices as well as the interpretation of data gathered by them to detect heart arrhythmias. The reimbursement rate for such services must be at least 100 percent of the Medicare Physician Fee Schedule's rate. The bill was laid over for possible inclusion in the omnibus health finance bill.
- [HF2604](#) (Backer, R-Browns Valley) requires DHS to withhold two percent of the capitation payment provided to county-based purchasing and PMAP plans until they collect a signed paper form from their MA enrollees detailing their address and other information to verify their continuing eligibility. The Council of Health Plans testified that counties and DHS are currently responsible for verification of eligibility and this bill would add administrative costs to an already complicated process and could result in people eligible for MA being disenrolled. Five different DFL members of the Committee raised concerns about the bill, which was laid over for "possible" inclusion in the omnibus health finance bill, which is not expected.
- [HF2909](#) (Bahner, DFL-Maple Grove) provides that under both MA and MinnesotaCare services provided by a pharmacist that are within both a pharmacist's and a physician's scope of practice must be covered and reimbursed for at the same rate a physician would be reimbursed for the services. The bill was laid over for possible inclusion in the omnibus health bill
- [HF2242](#) (Nadeau, R-Rogers) carves out pharmacy benefits from managed care plans. It directs DHS to contract with a single PBM that would process all managed care pharmacy claims, approve all reimbursement rates, fees and other payments for drugs by managed care plans and approve or disapprove all utilization review limitations by managed care plans. Each managed care would be required to disclose to the Commissioner its administrative costs associated with providing pharmacy services. The Commissioner is given authority to develop a PDL for managed care plans and engage in

price negotiations for drug manufacturers. The bill was laid over for possible inclusion in the omnibus health bill.

- [HF1934](#) (Reyer, DFL-Eagan) delays the single dental administrator to 1/1/28. The bill also creates a dental access working group that includes critical access dental providers, dental providers serving primarily low-income and socioeconomically complex populations, dental providers that serve private-pay patients as well as MA and MinnesotaCare patients, a representative of the dental administrator and a representative of DHS. Michael Helgeson of Appletree Dental testified on behalf of the Critical Access Dental (CAD) association that 300 CAD dental providers give 2/3 of all MA dental services. He supported delaying the single administrator effective date. The Minnesota Dental Association said it supports the concept of a single dental administrator. Its testifier noted challenges their members face with the current public program dental system, including prior authorizations needed from multiple plans and low fee-for-service rates. The Minnesota Association of County Health Plans in a letter expressed support for delaying the effective date. Rep. Reyer noted that she is involved in conversations with multiple stakeholders on the bill and she is attempting to develop a consensus agreement. The bill was laid over for possible inclusion in the omnibus HHS bill.
- [HF1883](#) (Gillman, R-Dassel) establishes qualifications that an individual performing the duties of a central service technician must meet in order to work at a hospital or ambulatory surgical center. A central service technician decontaminates, inspects, assembles, packages, and sterilizes reusable medical instruments at a health care facility. The bill was laid over for possible inclusion in the omnibus health bill.
- [HF2435](#) (Bierman, DFL-Apple Valley) is the Governor's DHS and MDH budget bills. Among other provisions it:
 - delays the pharmacy carveout to 7/1/26 and makes it applicable to MA but not MinnesotaCare;
 - delays the sunset on audio-only telehealth;
 - requires 340B organizations to report certain information to MDH;
 - modifies reporting requirements by drug companies, pharmacies and PBMs on price increases and other issues;
 - creates a definition of "controlling person" for hospitals; and
 - modifies the circumstances of service changes that must be reported by hospitals to MDH.

The bill was laid over for possible inclusion in the omnibus HHS bill. Rep. Liebling said that she was working on a bill to provide emergency funding to MDH to try to maintain some of the public health function being cut due to federal funding reductions.



Senate HHS Hears Bills

The Senate HHS Committee met on Thursday and considered several bills including:

- [SF2815](#) (Weber, R-Luverne) modifies the timing of when a pharmacy may apply for a refund of the legend drugs tax a pharmacy pays to a wholesale drug distributor, for drugs that the pharmacy then delivers outside Minnesota. Under current law, a pharmacy may only apply for refunds on its annual return. This bill would allow a pharmacy to apply for and receive refunds throughout the year. The bill was approved and referred to the Committee on Taxes.
- [SF3121](#) (Kupec, DFL-Moorhead) modifies provisions relating to pharmacy interns. The bill was supported by the College of Pharmacy at the University of Minnesota. It was laid over for possible inclusion in the omnibus HHS bill.
- [SF1676](#) (Hoffman, DFL-Champlin) expands the existing Higher Education Facilities Authority by empowering it to also provide conduit capital financing to nonprofit health care organizations. The bill also increases the cap on aggregate outstanding bond amounts to \$5 billion, allocating \$2.25 billion to fund higher education projects and \$2.75 billion to fund health care projects. The bill was laid over for possible inclusion in the omnibus HHS bill.
- [SF2986](#) (Wiklund, DFL-Bloomington) recodifies assertive community treatment and statutory language. It provides that rates must be updated annually for inflation. The bill was laid over for possible inclusion in the omnibus HHS bill.
- [SF2127](#) (Wiklund, DFL-Bloomington) establishes qualifications that an individual performing the duties of a central service technician must meet in order to work at a hospital or ambulatory surgical center. A central service technician decontaminates, inspects, assembles, packages, and sterilizes reusable medical instruments at a health care facility. The bill was laid over for possible inclusion in the omnibus HHS bill.

House Taxes Hears Tax Increase Bill to Cover Medicaid Cuts

On Wednesday the House Taxes Committee heard a bill intended to help cover lost federal Medicaid funding. [HF2591](#) (Gomez, DFL-Minneapolis) adds a provisional fifth tier individual income tax at a rate sufficient to offset lost federal Medicaid funding. Republican members raised concerns about the bill, which was supported by patient and provider MA advocates. The

bill was laid over for “possible” inclusion in the omnibus tax bill, but has no chance of being included.



UCare Loses Half a Billion Dollars

UCare announced this week that it lost \$504 million in 2024, its biggest loss in 15 years. A large portion of the losses -- \$263 million -- were in its Medicare Advantage products, which saw higher than expected costs. This is a huge financial swing for the plan, which saw \$678 million in profits in 2022. As a result of the 2024 losses, its financial reserves fell from nearly \$1.1 billion at the end of 2023 to about \$595 million at the end of 2024. UCare had about 587,000 enrollees at the end of 2024, including about 151,000 people in Medicare Advantage. By March, the Medicare Advantage number had jumped to about 182,000 people. UCare also reported that it saw an operating loss of \$315 million on its Medicaid health plans. UCare announced a multi-year plan to restore financial stability to avoid layoffs. Part of UCare’s plans to reduce losses is to halt commissions to agents who sell a UCare Medicare Advantage product effective July 1.

Essentia Announces Mental Health Service Increase

Essentia Health announced this week that it is investing \$13 million to expand the ED in its Virginia, Minnesota hospital. When renovations are finished in late 2026, the ED will increase from seven to 12 rooms, including a separate unit of four rooms that are equipped for patients in mental health crises. Sam Stone, the hospital administrator, said that co-mingling patients with physical and mental health needs can create problems, especially when the ER is full and patients receive triage care in hallways. Essentia Health-Virginia has lost money on operations in six of the last eight years. The hospital doesn’t expect to make money on the investment, but said it is needed to serve the needs of patients in the community. ED visits are up in Minnesota, even as admissions are down due in part to shifts of surgeries and other services to outpatient settings.

Schedule for the Week of April 7, 2025

NOTE: Schedules for Senate HHS have not been posted yet. Check the Legislature’s website for scheduling updates -- <https://www.leg.mn.gov/cal?d1=04/07/2025>

Monday, April 7

8:30 AM

[Rules and Administration](#)

Location: [Hybrid Hearing](#) 123 Capitol and Remote

Chair: [Senator Erin P. Murphy](#)

Agenda:

[S.F. 2322 Wiklund](#) Minnesota Health Care Workforce Advisory Council establishment

The Senate will be in Session at 11:00 am

1:00 PM

[Health Finance and Policy](#)

Location: Capitol 120

Chair: Rep. Robert Bierman

Agenda:

Co-Chair Bierman has the gavel.

I. [HF1534](#) (Keeler); Healthy eating, here at home program transferred to the Department of Health; fresh bucks pilot program established; report required; and money appropriated.

II. [HF2707](#) (Keeler); Sexually exploited youth safe harbor shelter and housing funding provided, and money appropriated. This bill will be heard on an informational basis only.

III. [HF1885](#) (Pérez-Vega); Beautywell Project funding provided, and money appropriated.

IV. [HF1289](#) (Stephenson); Social media platforms required to post a mental health warning label and timer notifications. This bill will be heard on an informational basis only.

V. [HF2779](#) (Reyer); Health care entities required to report information on ownership or control to the commissioner of health, annual public reports required, enforcement provided, penalties authorized, and money appropriated. NOTE: Chair Bierman says this bill is being heard on an informational basis only.

VI. [HF1645](#) (Reyer); Health care worker well-being grant program funding provided, and money appropriated.

VII. [HF1675](#) (Pursell); Individual pricing of phototherapy lights required, and technical changes made.

VIII. [HF3046](#) (Baker); Special event food stands exempted from the requirement to pay the statewide hospitality fee.

3:30 THE HOUSE MEETS IN SESSION

Tuesday, April 8

12:30 PM

Commerce and Consumer Protection

Location: G-15 Capitol

Chair: [Senator Matt D. Klein](#)

Note: SF 2216 (Klein) will be the Senate Omnibus Commerce and Consumer Protection Bill. A DE Amendment and Spreadsheet will be posted prior to the hearing. A bill walkthrough and testimony will be taken up at this hearing (4/8). Amendments will be considered at the 4/10 hearing.

Agenda:

[S.F. 2216 Klein](#) Commerce appropriations and provisions modifications (Omnibus Commerce and Consumer Protection Bill)

Thursday, April 10

12:30 PM

Commerce and Consumer Protection

Location: G-15 Capitol

Chair: [Senator Matt D. Klein](#)

Agenda:

To be announced.

Bill Introductions

Backer and Duran introduced:

[H. F. 2950](#), A bill for an act relating to human services; providing state-funded medical assistance and MinnesotaCare for inmates of county jails; amending Minnesota Statutes 2024, sections 256B.055, subdivision 14; 256L.04, subdivision 12; 641.15, subdivision 2.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Backer, Bierman, Nadeau, Fischer and Huot introduced:

[H. F. 2955](#), A bill for an act relating to human services; establishing a county-administered rural medical assistance program; establishing payment, coverage, and eligibility requirements for the CARMA program; directing the commissioner of human services to seek federal waivers; amending Minnesota Statutes 2024, section 256B.69, subdivision 3a; proposing coding for new law in Minnesota Statutes, chapter 256B.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Knudsen introduced:

[H. F. 2957](#), A bill for an act relating to human services; requiring the commissioner of human services to revalidate providers enrolled in Minnesota health care programs every three years; amending Minnesota Statutes 2024, section 256B.04, subdivision 21.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Bierman introduced:

[H. F. 2997](#), A bill for an act relating to health occupations; modifying pharmacy intern provisions; amending Minnesota Statutes 2024, sections 151.01, subdivision 15; 151.065, subdivisions 1, 3, 6; 151.101; repealing Minnesota Rules, parts 6800.5100, subpart 5; 6800.5400, subparts 5, 6.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Freiberg; Elkins; Gottfried; Bahner; Hill; Jones; Tabke; Virnig; Hicks; Pursell; Hanson, J.; Frazier; Liebling; Bierman; Curran; Jordan; Youakim; Finke; Hollins; Acomb; Coulter; Long and Falconer introduced:

[H. F. 2998](#), A bill for an act relating to health; establishing an end-of-life option for terminally ill adults with a prognosis of six months or less; providing criminal penalties; classifying certain data; requiring reports; providing immunity for certain acts; authorizing enforcement; amending Minnesota Statutes 2024, sections 61A.031; 144.99, subdivision 1; 609.215, subdivision 3; proposing coding for new law as Minnesota Statutes, chapter 145E.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Virnig introduced:

[H. F. 3021](#), A bill for an act relating to health; establishing a grant program to fund youth sports physicals by mobile clinics; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 145.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Schomacker introduced:

[H. F. 3035](#), A bill for an act relating to health insurance; eliminating prohibition on for-profit entities participating in certain markets; amending Minnesota Statutes 2024, section 62D.04, subdivision 5; repealing Minnesota Statutes 2024, section 43A.24, subdivision 4.

The bill was read for the first time and referred to the Committee on Commerce Finance and Policy.

Bierman introduced:

[H. F. 3053](#), A bill for an act relating to health; updating HMO regulations; amending Minnesota Statutes 2024, sections 13.7191, subdivision 4; 60D.15, subdivision 3; 60D.21, subdivisions 1, 3; 60D.23; 62D.221, subdivision 1.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Bierman introduced:

[H. F. 3054](#), A bill for an act relating to health; modifying provisions for prescription drug transparency; amending Minnesota Statutes 2024, sections 62J.461, subdivisions 3, 4, 5; 62J.84, subdivisions 2, 3, 6, 10, 11, 12, 13, 14, 15.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Bierman introduced:

[H. F. 3055](#), A bill for an act relating to health; allowing insurers to provide explanation of benefits electronically; amending Minnesota Statutes 2024, sections 62J.51, subdivision 19a; 62J.581.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Bierman introduced:

[H. F. 3056](#), A bill for an act relating to health; changing provider network adequacy provisions; amending Minnesota Statutes 2024, section 62K.10, subdivisions 2, 5, 6; repealing Minnesota Statutes 2024, section 62K.10, subdivision 3.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Long; Bierman; Noor; Hemmingsen-Jaeger; Kraft; Reyer; Hollins; Pursell; Mahamoud; Lee, F.; Finke; Falconer; Norris; Gomez and Jordan introduced:

[H. F. 3057](#), A bill for an act relating to health; establishing the MinnesotaCare public option; expanding eligibility for MinnesotaCare; establishing a premium scale for public option enrollees; requiring the commissioner of commerce to seek a section 1332 waiver; appropriating money; amending Minnesota Statutes 2024, sections 62V.02, by adding subdivisions; 62V.03, subdivisions 1, 3; 62V.05, subdivisions 3, 4, 6, 11, by adding a subdivision; 62V.051; 62V.06, subdivision 4; 62V.13, subdivision 3; 256L.01, by adding subdivisions; 256L.03, subdivision 5;

256L.04, subdivisions 1c, 7a, by adding a subdivision; 256L.07, subdivision 1; 256L.12, subdivision 7; proposing coding for new law in Minnesota Statutes, chapters 62V; 256L.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Jordan introduced:

[H. F. 3058](#), A bill for an act relating to human services; increasing the medical assistance payment rate for nonemergency medical transportation for client reimbursement; amending Minnesota Statutes 2024, section 256B.0625, subdivision 17.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Bierman introduced:

[H. F. 3071](#), A bill for an act relating to taxation; health care provider taxes; requiring gross revenues to be determined inclusive of rebates; amending Minnesota Statutes 2024, section 295.50, subdivision 3.

The bill was read for the first time and referred to the Committee on Taxes.

Hollins, Curran, Finke and Kozlowski introduced:

[H. F. 3075](#), A bill for an act relating to health records; changing, removing and adding sex indicator on birth records; proposing coding for new law in Minnesota Statutes, chapter 144.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Hicks introduced:

[H. F. 3076](#), A bill for an act relating to health; requiring issuance of grants by the commissioner of health to support education and outreach for myalgic encephalomyelitis/chronic fatigue syndrome; requiring the commissioner of health to establish a ME/CFS program; requiring issuance of grants by the commissioner of human services to establish and improve access to social services for myalgic encephalomyelitis/chronic fatigue syndrome; requiring a report; appropriating money.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Hicks introduced:

[H. F. 3077](#), A bill for an act relating to health; authorizing electronic monitoring in certain health care facilities; proposing coding for new law in Minnesota Statutes, chapter 144.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Bierman introduced:

[H. F. 3087](#), A bill for an act relating to health occupations; establishing the Minnesota Health Care Workforce Advisory Council; requiring reporting; proposing coding for new law in Minnesota Statutes, chapter 144.

The bill was read for the first time and referred to the Committee on Health Finance and Policy.

Liebling introduced:

[H. F. 3089](#), A bill for an act relating to higher education; appropriating money to implement the University of Minnesota's Health Sciences Strategic Plan.

The bill was read for the first time and referred to the Committee on Higher Education Finance and Policy.

Senator Utke introduced--

[S.F. No. 3115](#): A bill for an act relating to human services; establishing a medical assistance capitation payment withhold related to verification of coverage; amending Minnesota Statutes 2024, section 256B.69, subdivision 5a.

Referred to the Committee on Health and Human Services.

Senator Utke introduced--

[S.F. No. 3117](#): A bill for an act relating to human services; requiring the commissioner of human services to revalidate providers enrolled in Minnesota health care programs every three years; amending Minnesota Statutes 2024, section 256B.04, subdivision 21.

Referred to the Committee on Health and Human Services.

Senators Kupec and Mann introduced--

[S.F. No. 3121](#): A bill for an act relating to health occupations; modifying pharmacy intern provisions; amending Minnesota Statutes 2024, sections 151.01, subdivision 15; 151.065, subdivisions 1, 3, 6; 151.101; repealing Minnesota Rules, parts 6800.5100, subpart 5; 6800.5400, subparts 5, 6.

Referred to the Committee on Health and Human Services.

Senators Abeler and Hoffman introduced--

[S.F. No. 3122](#): A bill for an act relating to human services; establishing a grant to fund pretraining program for direct support professionals; appropriating money.

Referred to the Committee on Human Services.

Senator Abeler introduced--

S.F. No. 3123: A bill for an act relating to state government; establishing a state employee group insurance program utilization review pilot program; requiring reports.

Referred to the Committee on State and Local Government.

Senator Abeler introduced--

S.F. No. 3124: A bill for an act relating to health care; redirecting a hospital surcharge to the health care access fund; amending Minnesota Statutes 2024, section 256.9657, subdivision 2.

Referred to the Committee on Health and Human Services.

Senator Kupec introduced--

S.F. No. 3131: A bill for an act relating to human services; directing commissioner of human services to establish a prescription drug purchasing program; specifying program authority and eligibility requirements; requiring recommendations; proposing coding for new law in Minnesota Statutes, chapter 256B.

Referred to the Committee on Health and Human Services.

Senator Wiklund introduced--

S.F. No. 3138: A bill for an act relating to health; establishing the MinnesotaCare public option; expanding eligibility for MinnesotaCare; establishing a premium scale for public option enrollees; requiring the commissioner of commerce to seek a section 1332 waiver; appropriating money; amending Minnesota Statutes 2024, sections 62V.02, by adding subdivisions; 62V.03, subdivisions 1, 3; 62V.05, subdivisions 3, 4, 6, 11, by adding a subdivision; 62V.051; 62V.06, subdivision 4; 62V.13, subdivision 3; 256L.01, by adding subdivisions; 256L.03, subdivision 5; 256L.04, subdivisions 1c, 7a, by adding a subdivision; 256L.07, subdivision 1; 256L.12, subdivision 7; proposing coding for new law in Minnesota Statutes, chapters 62V; 256L.

Referred to the Committee on Health and Human Services.

Senators Hoffman, Utke, and Mann introduced--

S.F. No. 3149: A bill for an act relating to human services; establishing a county-administered rural medical assistance program; establishing payment, coverage, and eligibility requirements for the CARMA program; directing the commissioner of human services to seek federal waivers; amending Minnesota Statutes 2024, section 256B.69, subdivision 3a; proposing coding for new law in Minnesota Statutes, chapter 256B.

Referred to the Committee on Health and Human Services.

Senators Lieske, Utke, Wesenberg, Coleman, and Koran introduced--

S.F. No. 3162: A bill for an act relating to insurance; clarifying that direct primary care agreements are not insurance; defining direct primary care agreement; proposing coding for new law in Minnesota Statutes, chapter 62A.

Referred to the Committee on Commerce and Consumer Protection.

Senators Dibble, Boldon, and Gustafson introduced--

S.F. No. 3179: A bill for an act relating to health; requiring issuance of grants by the commissioner of health to support education and outreach for myalgic encephalomyelitis/chronic fatigue syndrome; requiring the commissioner of health to establish a ME/CFS program; requiring issuance of grants by the commissioner of human services to establish and improve access to social services for myalgic encephalomyelitis/chronic fatigue syndrome; requiring a report; appropriating money.

Referred to the Committee on Health and Human Services.

Senators Draskowski and Bahr introduced--

S.F. No. 3190: A bill for an act relating to human services; establishing a medical assistance capitation payment withhold related to verification of coverage; amending Minnesota Statutes 2024, section 256B.69, subdivision 5a.

Referred to the Committee on Health and Human Services.

Senators Maye Quade, Mann, Boldon, Port, and Wiklund introduced--

S.F. No. 3214: A bill for an act relating to health insurance; limiting the time period for adjustment or recoupment of health care provider reimbursement; requiring health plan companies and third-party administrators adjusting or recouping payment related to coordination of benefits to provide a written statement; amending Minnesota Statutes 2024, section 62Q.75, subdivision 4.

Referred to the Committee on Commerce and Consumer Protection.

Senators Maye Quade, Mann, Boldon, Carlson, and Murphy introduced--

S.F. No. 3215: A bill for an act relating to health; establishing an end-of-life option for terminally ill adults with a prognosis of six months or less; providing criminal penalties; classifying certain data; requiring reports; providing immunity for certain acts; authorizing enforcement; amending Minnesota Statutes 2024, sections 61A.031; 144.99, subdivision 1; 609.215, subdivision 3; proposing coding for new law as Minnesota Statutes, chapter 145E.

Referred to the Committee on Health and Human Services.

Senators Boldon, Rest, Mann, Wiklund, and Port introduced--

S.F. No. 3217: A resolution urging Congress to reject proposals that would diminish the strength of Medicare and Social Security.

Referred to the Committee on Health and Human Services.

Senator Hoffman introduced--

S.F. No. 3220: A bill for an act relating to human services; appropriating money to the commissioner of human services for grants to navigator organizations.

Referred to the Committee on Health and Human Services.

Senators Boldon and Abeler introduced--

S.F. No. 3227: A bill for an act relating to health licensing; modifying exemptions to the practice of social work; amending Minnesota Statutes 2024, section 148E.065, subdivision 1.

Referred to the Committee on Health and Human Services.

Senators Abeler and Hoffman introduced--

S.F. No. 3240: A bill for an act relating to health; authorizing electronic monitoring in certain health care facilities; proposing coding for new law in Minnesota Statutes, chapter 144.

Referred to the Committee on Health and Human Services.

Senator Mann introduced--

S.F. No. 3256: A bill for an act relating to human services; modifying coverage and payment for certain pharmacy services; amending Minnesota Statutes 2024, sections 256B.0625, by adding a subdivision; 256L.03, by adding a subdivision.

Referred to the Committee on Health and Human Services.

Senators Abeler, Hoffman, and Pha introduced--

S.F. No. 3266: A bill for an act relating to health; commissioning a feasibility study on a senior portal platform; requiring a report.

Referred to the Committee on Health and Human Services.

Senator Abeler introduced--

S.F. No. 3271: A bill for an act relating to health; authorizing independent audits of 340B entity reporting by nonprofit public interest organizations; requiring revenue from prescription drugs obtained under the 340B program to be used for charity care;

authorizing enforcement by the attorney general; amending Minnesota Statutes 2024, section 62J.461, subdivision 1, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 144.

Referred to the Committee on Health and Human Services.